



**R. Kyle Ardoin**  
SECRETARY OF STATE

*As Secretary of State of the State of Louisiana I do hereby Certify that*

**OIL MOP LLC**

A limited liability company domiciled in HOUSTON, TEXAS,

Filed charter and qualified to do business in this State on April 23, 2018,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

December 18, 2019



*Secretary of State*

Web 43036107Q

Certificate ID: 11149772#FTL73

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.  
[www.sos.la.gov](http://www.sos.la.gov)

AMENDMENT TO THE  
CERTIFICATE OF FORMATION  
OF  
GOMI NEWCO LLC

FILED  
In the Office of the  
Secretary of State of Texas

APR 24 2018

Corporations Section

Pursuant to and in accordance with the Texas Business Organizations Code (the "TBOC"), GOMI NEWCO LLC, a Texas limited liability company, which filed its original Certificate of Formation with the Secretary of State of the State of Texas on April 2, 2018 (the "Original Certificate"), having file number 802978337, hereby amends its Original Certificate.

The new amendments to the Original Certificate include the following alterations, deletions and/or additions:

ARTICLE I  
NAME

The name of the Company is OMI Environmental Solutions LLC.

ARTICLE VII  
MEMBERS


The Company shall be managed by its members. The name and address of the initial member of the Company is:

K-SOLV/Garner Holdings, LLC      9660 Katy Freeway  
Houston, TX 77055

This Amendment to the Certificate of Formation has been approved in accordance with the requirements of the TBOC and the Company's governing documents.

IN WITNESS WHEREOF, I have hereunto set my hand this 24<sup>th</sup> day of April, 2018.

K-SOLV/GARNER HOLDINGS, LLC, as managing  
member

By:   
Name: Russell W. Allen  
Title: Authorized Representative

RECEIVED

APR 24 2018

Secretary of State

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Rolando B. Pablos  
Secretary of State

## Office of the Secretary of State

April 03, 2018

Capitol Services Inc  
P O Box 1831  
Austin, TX 78767 USA

RE: GOMI NEWCO LLC  
File Number: 802978337

It has been our pleasure to file the certificate of formation and issue the enclosed certificate of filing evidencing the existence of the newly created domestic limited liability company (llc).

Unless exempted, the entity formed is subject to state tax laws, including franchise tax laws. Shortly, the Comptroller of Public Accounts will be contacting the entity at its registered office for information that will assist the Comptroller in setting up the franchise tax account for the entity. Information about franchise tax, and contact information for the Comptroller's office, is available on their web site at <http://window.state.tx.us/taxinfo/franchise/index.html>.

The entity formed does not file annual reports with the Secretary of State. Documents will be filed with the Secretary of State if the entity needs to amend one of the provisions in its certificate of formation. It is important for the entity to continuously maintain a registered agent and office in Texas. Failure to maintain an agent or office or file a change to the information in Texas may result in the involuntary termination of the entity.

If we can be of further service at any time, please let us know.

Sincerely,

Corporations Section  
Business & Public Filings Division  
(512) 463-5555

Enclosure



**Office of the Secretary of State**

**CERTIFICATE OF FILING  
OF**

**GOMI NEWCO LLC**  
File Number: 802978337

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 04/02/2018

Effective: 04/02/2018



A handwritten signature in black ink, appearing to read "R. Pablos".

Rolando B. Pablos  
Secretary of State

APR 02 2018

Corporations Section

**CERTIFICATE OF FORMATION**  
**OF**

**GOMI NEWCO LLC**

The undersigned person, acting as organizer of a limited liability company ("*Company*") under the Texas Business Organizations Code (as amended, the "*TBOC*"), hereby adopts the following Certificate of Formation for the Company:

**ARTICLE I**  
**NAME**

The name of the Company is GOMI NEWCO LLC.

**ARTICLE II**  
**ENTITY**

The filing entity being formed is a limited liability company.

**ARTICLE III**  
**PURPOSE**

The purpose for which the Company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the TBOC.

**ARTICLE IV**  
**DURATION**

The period of the duration of the Company is perpetual.

**ARTICLE V**  
**INITIAL REGISTERED OFFICE AND AGENT**

The Company's initial registered agent is Todd A. Riddle, and the mailing address of his registered office is 9660 Katy Freeway, Houston, Texas 77055.

**ARTICLE VI**  
**ORGANIZER**

The name and address of the organizer is as follows:

Corey C. Brown  
1000 Main Street, 36<sup>th</sup> Floor  
Houston, Texas 77002

## ARTICLE VII MEMBERS

The Company shall be managed by its members. The name and address of the initial member of the Company is:

Russell W. Allen      9660 Katy Freeway  
Houston, TX 77055

## ARTICLE VIII LIMITATION OF MEMBER AND OFFICER LIABILITY

To the greatest extent permitted by applicable law in effect from time to time, no officer, member, former officer, or former member (each, an "*Indemnified Person*") shall be liable to the Company or its members for monetary damages for an act or omission in the Indemnified Person's capacity as an officer or member except to the extent that the Indemnified Person is found to be liable under applicable law for: (i) breach of the Indemnified Person's duty of loyalty, if any, to the Company or its members, (ii) an act or omission not committed in good faith that constitutes a breach of duty of the Indemnified Person to the Company, (iii) an act or omission not committed in good faith that constitutes a breach of duty owed by the Indemnified Person to the Company or its members, (iv) willful or intentional misconduct in the performance of the Indemnified Person's duty to the Company or (v) a transaction from which the Indemnified Person received an improper benefit, regardless of whether the benefit resulted from an action taken within the scope of the Indemnified Person's duties. If the applicable law is hereafter amended to authorize the further elimination or limitation of the liability of an officer or member of a limited liability company, then the liability of an Indemnified Person shall be eliminated or limited to the fullest extent permitted by the applicable law as so amended. No amendment to, or repeal of, this provision will apply to or have any affect on the limited or alleged liability of any Indemnified Person for or with respect to any acts or omissions of the Indemnified Person occurring prior to such amendment or repeal.

## ARTICLE IX INDEMNIFICATION AND INSURANCE

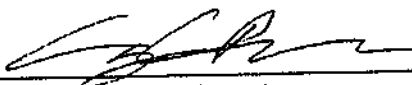
The Company shall indemnify an Indemnified Person to the same extent that a corporation is permitted to indemnify a governing person, former governing person, or delegate under the TBOC, as well as to the same extent that indemnification is required under the TBOC for a governing person, former governing person, or delegate of a corporation. The reasonable expenses incurred by an Indemnified Person in defending a proceeding shall be paid by the Company in advance of the final disposition of such proceeding to the fullest extent permitted under the TBOC. The Company shall pay or reimburse reasonable expenses incurred by an Indemnified Person in connection with such person's appearance as a witness or other participation in a proceeding at a time when such person is not a respondent in the proceeding. Such indemnification shall not be deemed exclusive of any other rights to which such Indemnified Person may be entitled, under any company agreement, other agreement, vote of members or disinterested members, or otherwise, both as to actions taken in its official capacity and as to actions in another capacity while holding such position or office, and shall inure to the

benefit of the heirs, executors and administrators of such person. The Company shall have the power to enter into agreements providing for indemnification by the Company of Indemnified Persons or delegates from and against any and all expenses, liabilities or other matters. The member may purchase, on behalf of the Company, such liability, indemnification and/or other similar insurance as member, in its sole discretion, shall determine is necessary or appropriate from time to time. No amendment, modification, or repeal of this provision will apply to or adversely affect any right or protection of any Indemnified Person hereunder for or with respect to any acts or omissions of the Indemnified Person occurring prior to such amendment, modification or repeal.

[THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK]

IN WITNESS WHEREOF, the undersigned, being the organizer designated in *Article VI*, executes this Certificate of Formation subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Dated: April 2, 2018

  
Corey C. Brown, *Organizer*

**Trucks**

Unit #	Location	Year	Make	Model	Vin #	Plate #	ASSIGNED	Tire Size
5103	Channewiew, TX	2005	International	9900	3HSCFA945M045103	P194170		11R22.5
803	Channewiew, TX	2016	Kenworth	9900	1XKDD49X9CJ308803	1M19896		11R24.5
8656	Channewiew, TX	2005	International	9900	3HSCFA945M045103	P219502		11R24.5
901	Channewiew, TX	2012	Ford	F550	1FDW5HT3C825818	1M117409		11R24.5
906	Channewiew, TX	2013	Kenworth	T-800	1NKC040R30J354199	1K0430	DARRICK JONES	11R22.5
9666	Channewiew, TX	2012	Kenworth	T800	1XKDD40X4CJ295666	P219504	KAYULI MASON	11R24.5
0885	Harvey, LA	2008	Kenworth	T800	1XKDD40X4B220865	P219503	DARRYL LONG	11R24.5
25272	Harvey, LA	2012	Kenworth	T800	1XKDD49X1CJ325772	P219498	ALTON PLANSANCE	11R24.5
4696	Harvey, LA	2011	Kenworth	T800	1NKC170X3B1294696	P219500		11R24.5
5594	Harvey, LA	2011	Kenworth	T800	1XKDD40X3B1285594	P199003	OOS @ NIFAC	11R24.5
5666	Harvey, LA	2015	Kenworth	T800	1XZD4999HJ445606	P230353	DENIS DISCUIA	11R24.5
6228	Harvey, LA	2007	International	9400	2HSCNAPR17C306228	P219106	OOS @ NIFAC	11R22.5
6241	Harvey, LA	2007	International	9400	2HSCNAPR17C306241	P219107		Drive = 295/75R22.5
8130	Harvey, LA	1998	International	9400	2HSCFA945M045103	P249204		11R22.5
8389	Harvey, LA	1999	Freightliner	Classic XL	1FJPC5ZB66PA18389	P193799	OOS @ NIFAC	11R24.5
0305	Port Arthur, TX	2013	Freightliner	114SD	1FVHG3CT7DH1B10305	P230561		11R22.5
0606	Port Arthur, TX	2006	Freightliner	ST120	1FUBCK16LV50606	P219497	OOS @ PTAC	11R22.5
0866	Port Arthur, TX	2008	Kenworth	T800	1XKDD40X6R220866	P190581	ERNEST CEASAR	11R24.5
6204	Port Arthur, TX	2007	International	9400	2HSCNAPR167C306204	P219105	ALBERT ESPREE	11R22.5
8620	Port Arthur, TX	2007	International	9400	2HSCNAPR167C488620	P219203	JAMES STONE	11R22.5
916	Port Arthur, TX	2015	Kenworth	T-800	1XKDD49X9CJ457657	R348500	BLANCHE JACKSON	Drive = 11R24.5 Steer = 315/80R22.5

1000 NE-White

8006-KA

**Trailers**

Unit #	Location	Year	Make	Model	Vin #	Plate #	ASSIGNED	Tire Size
1003	Channewiew, TX	2012	Dragon	Lowboy Dove Trail GN	4SD0G25Z5C1003264	0918943	EQUIPMENT MOVES ONLY	11R22.5
4501	Channewiew, TX	2006	Dragon	Long Single Rail	1UNSH48286C034501	J575407	KAHILL MASON	11R24.5
7076	Channewiew, TX	2001	Keith Huber	130 BBL VAC	1KGT392911077076	11A0069	NIFAC MAINTENANCE	11R24.5
7569	Channewiew, TX	2005	Guthrie	Short Single Rail	1G9E127235A157569	LA47922	NIFAC MAINTENANCE	11R24.5
8009	Channewiew, TX	2013	Global (GVS)	130 BBL VAC	1G9ST3822DN449009	0208491		11R24.5
8023	Channewiew, TX	2016	Global (GVS)	130 BBL VAC	1G9ST4324GMA48023	084C624		11R24.5
1332	Harvey, LA	2014	Dragon	Short Single Rail	1D98H9425C661332	P149472		11R24.5
1578	Harvey, LA	2010	Dragon	Double Rail	1D95H4821AC661578	L466614	ALTON PLANSANCE	11R24.5
1847	Harvey, LA	2011	Dragon	Double Rail	1D95H4820C661847	L447423	DARRYL LONG	11R24.5
3483	Harvey, LA	2012	Ledwell	130 BBL VAC	1191A72AAC103483	L504014	OOS @ NIFAC	11R24.5
4502	Harvey, LA	2006	Dragon	Long Single Rail	1UNSH482X6C034502	L017851		11R22.5
8004	Harvey, LA	2013	Global (GVS)	130 BBL VAC	1G9ST3822DN448004	L635280		11R24.5
8006	Harvey, LA	2013	Global (GVS)	130 BBL VAC	1G9ST3822DN448006	L633306		11R22.5
8007	Harvey, LA	2013	Global (GVS)	130 BBL VAC	1G9ST3822DN448007	L633317		11R22.5
9161	Harvey, LA	2001	ESP MFG	Double Rail	1E9NS4822111229161	E660076	DENIS DISCUIA	11R22.5
1022	Port Arthur, TX	2014	Bentley	Single Rail	1B9E140Z8E8180731	121C801	BLANCHE JACKSON	11R24.5
1569	Port Arthur, TX	2010	Dragon	Double Rail	1D95H483XAC661569	L247796	ERNEST CEASAR	11R24.5
7075	Port Arthur, TX	2001	Keith Huber	130 BBL VAC	1KGT392711077075	L140870	ALBERT ESPREE	11R24.5
8005	Port Arthur, TX	2013	Global (GVS)	130 BBL VAC	1G9ST3822DN448005	L635299		11R24.5
8008	Port Arthur, TX	2013	Global (GVS)	130 BBL VAC	1G9ST3822DN448008	L633316	JAMES STONE	11R22.5

#1 9/3/19

HAPPEN → NIFTDANS  
K. LEON → KG-STONS  
DARRYL → PT-TONS  
CHANNIN → DP-TDANS

**Zobbis**

Unit #	Location	Year	Make	Model	Vin #	Plate #	TANK DESCRIPTION	Tire Size
6400	Belle Chasse	2014	Kenworth	T-800	1NKDL40XSER416400	P216272	CARBON STEEL	
4697	Deer Park	2011	Kenworth	T-800	1NKDL70XSB1294697	P237431	STAINLESS STEEL	
1341	Gonzales	2015	Kenworth	T-800	3BKDL40X4F471341	P231736	CARBON STEEL	
2802	Lamarque	2019	Kenworth	T-370	2NP3LJ9X0KM272802	KMT5056	CARBON STEEL	
2803	Lamarque	2019	Peterbilt	T-370	2NP3LJ9X2KM272803	KK15768	STAINLESS STEEL	
45	Lamarque	2009	International		1HTWGA1T594075985	FFY1834	CARBON STEEL	
905	Lamarque	2013	Kenworth	T-370	2NKHUN9X8MA354198	KH19942	CARBON STEEL	
917	Lamarque	2017	Kenworth	T-370	2NKHUN9X8MA354198	HSD2372	STAINLESS STEEL	
1342	Port Arthur	2015	Kenworth	T-800	3BKDL40X4F471342	P231737	CARBON STEEL	
2804	Port Arthur	2019	Kenworth	T-370	2NP3LJ9X4KM272804	KMT5057	STAINLESS STEEL	
6401	Port Arthur	2014	Kenworth	T-800	1NKDL40XSER416401	P216273	CARBON STEEL	
2805		2019	Peterbilt	T-370	2NP3LJX6KM272805	KK15769		
2806		2019	Peterbilt	T-370	2NP3LJ9X8KM272806	KMT5055		

**ADD'L**

Unit #	Location	Year	Make	Model	Vin #	Plate #	DESCRIPTION	Tire Size
6070	Port Arthur, TX	2009	International	7600	1HTWYS8T991E56070	P220021	AIR MOVER	425/65R22.5
9412	OOS @ NIFAC	2007	International	7600	1HTWYS8T271399412	P220022	AIR MOVER	385/65R22.5 & 11R22.5
4646	Deer Park (ESP)	1998	International	4700	1HTSCAAL5WH504846	G1S8109	BOX TRUCK	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/18/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Higginbotham Insurance Agency, Inc. 11700 Katy Freeway, Suite 100 Houston TX 77079	<b>CONTACT NAME:</b> Bee Bigtacion <b>PHONE (A/C, No, Ext):</b> 713-888-3951 <b>E-MAIL ADDRESS:</b> bbigtacion@higginbotham.net	<b>FAX (A/C, No):</b> 713-852-9939
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> GARNE10 Oil Mop, LLC DBA OMI Environmental Solutions 131 Keating Drive Belle Chasse LA 70037	<b>INSURER A:</b> Zurich American Insurance Company <b>NAIC #:</b> 16535	
	<b>INSURER B:</b> Navigators Insurance Company <b>NAIC #:</b> 42307	
	<b>INSURER C:</b> Water Quality Ins Syndicate <b>NAIC #:</b>	
	<b>INSURER D:</b> Certain Underwriters @ Lloyds <b>NAIC #:</b> 15792	
	<b>INSURER E:</b> The Travelers Lloyds Insurance Co <b>NAIC #:</b> 41262	
	<b>INSURER F:</b>	


<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> 1881857473	<b>REVISION NUMBER:</b>
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
D	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CPL GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		ENVP000025119	5/5/2019	5/5/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Contractors Pollution \$ 1,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:		BAP014783001	5/5/2019	5/5/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
D	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		ENVX000020319	5/5/2019	5/5/2020	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WCO14783101	5/5/2019	5/5/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B C E	Hull/Protection & Indemnity Vessel Pollution Contractor's Equipment		HQ19MPK15747901 5382583 QT6608J93022ATLC19	5/5/2019 1/1/2019 7/1/2019	5/5/2020 5/5/2020 5/5/2020	See attached See attached See attached

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Coverage Continued: E -Contractor's Equipment & Motor Truck Cargo Coverage -Traveler's Lloyds Insurance Company-Effective 07/01/2019-05/05/2020

Scheduled Equipment \$3,269,905  
 Leased & Rented \$2,000,000 -Per item  
 Flood \$ 5,269,905  
 Earthquake \$5,269,905  
 Cargo Limit \$100,000 Any One Vehicle  
 Deductible \$10,000  
 See Attached...

<b>CERTIFICATE HOLDER</b>  Louisiana Public Service Commission 602 North Fifth Street Baton Rouge LA 70802	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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**ADDITIONAL REMARKS SCHEDULE**

AGENCY Higginbotham Insurance Agency, Inc.		NAMED INSURED Oil Mop, LLC DBA OMI Environmental Solutions 131 Keating Drive Belle Chasse LA 70037	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

The Motor Truck Cargo policy includes a blanket waiver of subrogation endorsement to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

Policy Number# ENVP0000251-19 - Certain Underwriters at Lloyds Company - Effective 05/05/2019 to 05/05/2020

**GENERAL POLLUTION LIABILITY-Each Pollution Incident**

- a. Hostile Fire & Building Equipment \$1,000,000
- b. Products Pollution \$1,000,000
- c. Transportation Pollution \$1,000,000
- d. Contractors Pollution \$1,000,000
- e. Site Time-Element BI and PD \$1,000,000
- f. Emergency Response \$1,000,000
- g. Crisis Management Liability \$250,000

**SITE POLLUTION CONDITION LIABILITY-Each pollution incident**

- a. First party discovery of on site pollution \$1,000,000
- b. Legal liability for on site clean up expense \$1,000,000
- c. Legal liability for off site clean up expense \$1,000,000
- d. Legal liability for on site bodily injury and property damage \$1,000,000
- e. legal liability for off site bodily injury and property damage \$1,000,000

**PROFESSIONAL LIABILITY:**  
 Each Wrongful Act \$1,000,000

**AUTO BUFFER LAYER -EXCESS AUTO**  
 Insurer: AXIS Surplus Insurance Company-Policy No: P-001-000116438-01  
 Limit of Insurance \$1,000,000 Each Occurrence Limit

**MARINE:**

**HULL & MACHINERY/P&I:**  
 Insurer: Navigators Insurance Company Policy No.: HO19MPK15747901

**HULL & MACHINERY:**  
 Hull Limit: Agreed/Insured Hull Values Per Schedule  
 Policy Forms: American Institute Hull Clauses (June 2, 1977), as amended, excluding Collision Liability

**PROTECTION & INDEMNITY:**  
 P&I Limit: \$1,000,000 Combined Single Limit, Any One Accident or Occurrence  
 Policy Forms: SP-23 Form (Rev. 1/56), as amended, including Collision/Towers, Maritime Employers Liability and Charterers' Legal Liability.

**Hull and Protection & Indemnity Notice of Cancellation to Certificate Holders**

A. In the event this policy is cancelled for any permissible reason within this policy, other than for nonpayment of premium, Navigators Insurance Company shall endeavor to provide notice of cancellation to those entities set out in the schedule on file with the Company by email as soon as practicable, after notifying the first Named Insured.

B. This advance email notification of a pending cancellation of coverage is intended as a courtesy only. Navigators Insurance Company failure to provide such advance notification will not extend the policy cancellation date, nor negate cancellation of the policy.

All other terms and conditions of this policy remain unchanged **VESSEL POLLUTION:**

Insurer: Water Quality Insurance Syndicate  
 Policy No.: 53-82593  
 Limit: \$5,000,000 or Statutory, Per Vessel, Per Occurrence  
 Policy Forms: Water Quality Insurance Syndicate 2014 Policy Form

The Marine P&I Policy includes a blanket additional insured and waiver of subrogation status to the certificate holder only when there is a written insured contract between the insured and certificate holder that requires such status.

The Marine Liability Policy do not have removal of Wreck/Debris coverage.

**EXCESS MARINE LIABILITIES:**  
 Policy Effective Dates: 05/05/2019 - 05/05/2020 Insurer: Navigators Insurance Company  
 Policy No.: HO19LIA15747902  
 Limit: \$10,000,000, Combined Single Limit, Any One Accident or Occurrence, Excess of Underlying P&I, Charterer's Legal Liability, Maritime Employer's Liability and Vessel Pollution

**AVIATION INSURANCE POLICY UNMANNED AIRCRAFT POLICY**  
 Policy Effective Date: 06/09/2019-05/05/2020



## ADDITIONAL REMARKS SCHEDULE

AGENCY Higginbotham Insurance Agency, Inc.		NAMED INSURED Oil Mop, LLC DBA OMI Environmental Solutions 131 Keating Drive Belle Chasse LA 70037	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**  
**FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Single Limit Bodily Injury and Property Damage - \$5,000,000 Each Occurrence  
 Third Party War Liability \$5,000,000 Aggregate  
 Policy includes physical damage coverage including war risk with insured values as set forth in the policy.

#### GENERAL LIABILITY & POLLUTION :

The General Liability and Pollution policy includes a blanket additional insured status to the certificate holder only when there is a written insured contract between the insured and certificate holder that requires such status.

The General Liability and Pollution policy includes a blanket waiver of subrogation endorsement that provides this feature only when there is a written contract between the insured and the certificate holder that requires it. Waiver of Transfer of Rights of Recovery Against Others To Us  
 The General Liability and Pollution policy includes a primary and non-contributory provision only when there is a written contract between the insured and the certificate holder that requires such provision.

The General Liability and Pollution policy includes a blanket endorsement providing 30 days' notice of cancellation that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it, except 10 days of nonpayment of premium .

The General Liability Policy includes a provision for Explosion, Collapse and Underground Hazards, which provides property damage coverage for claims related to explosion, collapse and underground activities.

The Coverage Territory on the General Liability policy includes the Gulf of Mexico.

The General Liability policy includes contractual liability.

#### COMMERCIAL AUTOMOBILE:

The Commercial Automobile policy includes a blanket additional insured endorsement that provides additional insured status to the certificate holder only when there is a written insured contract between the insured and certificate holder that requires such status.

The Commercial Automobile policy includes a primary and non-contributory provision only when there is a written contract between the insured and the certificate holder that requires such provision.

The Commercial Automobile policy includes a blanket waiver of subrogation endorsement that provides this feature only when there is a written contract between the insured and the certificate holder that requires it. Waiver of Transfer of Rights of Recovery Against Others To Us.

The Commercial Automobile policy includes Endorsement for Motor Carrier Policies of Insurance for Public Liability under Section 29 and 30 of the Motor Carrier Act of 1980. Form MCS-90 CA-9948 endorsement ( Pollution Liability-Broadened Coverage for Covered Autos)

The Commercial Automobile policy includes an endorsement providing that 30 days' notice of cancellation that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it, except 10 days of nonpayment of premium

#### WORKERS COMPENSATION:

The Worker's Compensation policy includes Alternate Employer , Waiver of Subrogation, US Longshore /Harbor Coverage, Outer Continental Shelf, Other State Coverage, Maritime Coverage and Voluntary Compensation Endorsements.

The Workers Compensation policy includes a blanket endorsement providing 30 days' notice of cancellation that provides this feature only when there is a written contract between the named insured and the certificate holder that requires it, except 10 days of nonpayment of premium.

#### EXCESS LIABILITY:

The Excess Liability policy is follow form over the General Liability, Auto Buffer, Environmental Pollution Liability, Professional Liability, Auto Liability and Employers' Liability policies, except where provisions to the contrary appear herein, is subject to all of the conditions, agreements, exclusions, endorsements and limitations of and shall follow the underlying insurance in all respects.

Endorsement Title <b>Additional Insured – Owners, Lessees or Contractors – Completed Operations Amendatory Endorsement</b>			
Named Insured <b>GARNER ENVIRONMENTAL SERVICES, INC.</b>			Endorsement Number <b>031</b>
Policy Form <b>GAPLESS</b>	Policy Number <b>ENVP0000251-19</b>	Policy Period <b>05/05/2019 to 05/05/2020</b>	Enviant Endorsement Number <b>GAP 10 04 6/1/2016</b>
Issued by <b>Certain Underwriters at Lloyd's, London</b>			Effective Date of Endorsement <b>05/05/2019</b>

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS  
AMENDATORY ENDORSEMENT**

Solely with respect to §I. COVERAGES, Section 1. COMMERCIAL GENERAL LIABILITY AND POLLUTION LIABILITY the Policy is amended as follows:

**SCHEDULE**

Name of Additional Insured Person(s) or Organization(s)	Location and Description of Completed Operations
Blanket where required by written contract	Blanket where required by written contract

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

5. §III. WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for **bodily injury, property damage or environmental damage** caused, in whole or in part, by your work at the location designated and described in the schedule of this endorsement performed for that additional insured and that is included in the **products-completed operations hazard**.
6. Notwithstanding §VI. CONDITIONS, Paragraph I. Other Insurance, with respect to the insurance afforded to the additional insureds added by this Endorsement, this Policy shall be primary to, and non-contributory with, any other insurance available to that person or organization when required by written contract.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

Endorsement Title <b>Additional Insured – Owners, Lessees or Contractors – On-Going Operations Amendatory Endorsement</b>			
Named Insured <b>GARNER ENVIRONMENTAL SERVICES, INC.</b>			Endorsement Number <b>032</b>
Policy Form <b>GAPLESS</b>	Policy Number <b>ENVP0000251-19</b>	Policy Period <b>05/05/2019 to 05/05/2020</b>	Envlant Endorsement Number <b>GAP 10 28 6/1/2016</b>
Issued by <b>Certain Underwriters at Lloyd's, London</b>			Effective Date of Endorsement <b>05/05/2019</b>

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – ON-GOING OPERATIONS  
AMENDATORY ENDORSEMENT**

Solely with respect to §I. COVERAGES, Section 1. **COMMERCIAL GENERAL LIABILITY AND POLLUTION LIABILITY** the Policy is amended as follows:

**SCHEDULE**

Name of Additional Insured Person(s) or Organization(s)
Blanket where required by written contract

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

7. §III. **WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for **bodily injury, property damage or environmental damage** caused, in whole or in part, by **your work** that is not included in the **products-completed operations hazard**.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

Endorsement Title <b>Blanket Waiver of Subrogation Condition Amendatory Endorsement</b>			
Named Insured <b>GARNER ENVIRONMENTAL SERVICES, INC.</b>			Endorsement Number <b>014</b>
Policy Form <b>GAPLESS</b>	Policy Number <b>ENVP0000251-19</b>	Policy Period <b>05/05/2019 to 05/05/2020</b>	Enviant Endorsement Number <b>GAP 10 30 6/1/2016</b>
Issued by <b>Certain Underwriters at Lloyd's, London</b>			Effective Date of Endorsement <b>05/05/2019</b>

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**BLANKET WAIVER OF SUBROGATION CONDITION AMENDATORY ENDORSEMENT**

It is hereby agreed that §VI. CONDITIONS Paragraph O. Subrogation is deleted in its entirety and replaced with the following:

**O. Subrogation**

If the insured has rights to recover all or part of any payment we have made under this Policy, those rights are transferred to us and the insured shall not do anything to impair such rights. At our request, the insured will bring suit or transfer those rights to us and help us enforce them. Any amounts so recovered by us shall be allocated first to the expenses incurred in such recovery prorated in accordance with each interested party's share in the total recovery, then to the insured to the extent of any Deductible it actually has paid and any payments it actually has made in excess of the applicable Limits of Liability, and last to us to the extent of our payment under this Policy. However, if the insured has waived rights of recovery against any person or organization in a written contract or agreement prior to a claim or loss, we also waive such right of recovery we may have under this Policy against such person or organization.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

Endorsement Title <b>Coverage Territory Definition Amendatory Endorsement</b>			
Named Insured <b>GARNER ENVIRONMENTAL SERVICES, INC.</b>			Endorsement Number <b>020</b>
Policy Form <b>GAPLESS</b>	Policy Number <b>ENVP0000251-19</b>	Policy Period <b>05/05/2019 to 05/05/2020</b>	Enviant Endorsement Number <b>GAP 10 37 6/1/2016</b>
Issued by <b>Certain Underwriters at Lloyd's, London</b>			Effective Date of Endorsement <b>05/05/2019</b>

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.  
COVERAGE TERRITORY DEFINITION AMENDATORY ENDORSEMENT**

It is hereby agreed that §VII. DEFINITIONS, Paragraph J. Coverage territory is deleted in its entirety and replaced with the following:

**J. Coverage territory** means anywhere in the world including the Gulf of Mexico, international waters or airspace, provided that for loss other than that arising out of your product, your work, transportation or any non-owned location, the insured's responsibility to pay loss is determined in a suit on the merits in the United States, its territories or possessions, Puerto Rico, or Canada, or is otherwise agreed to by us.

In no event shall this insurance be used as evidence of financial assurance in any jurisdiction outside the United States of America.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

Endorsement Title <b>Advice of Cancellation Amendatory Endorsement</b>			
Named Insured <b>GARNER ENVIRONMENTAL SERVICES, INC.</b>			Endorsement Number <b>008</b>
Policy Form <b>GAPLESS</b>	Policy Number <b>ENVP0000251-19</b>	Policy Period <b>05/05/2019 to 05/05/2020</b>	Enviant Endorsement Number <b>GAP 10 07 6/1/2016</b>
Issued by <b>Certain Underwriters at Lloyd's, London</b>			Effective Date of Endorsement <b>05/05/2019</b>

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADVICE OF CANCELLATION AMENDATORY ENDORSEMENT**

It is hereby agreed that **§VI. CONDITIONS** is amended by the addition of the following:

In the event that we cancel this Policy for any reason other than non-payment of premium, and

1. the cancellation effective date is prior to this Policy's expiration date;
  2. you are under an existing contractual obligation to notify a certificate holder when this Policy is canceled (hereinafter, the "Certificate Holder(s)") and have provided to us, either directly or through your broker of record, the email address of a contact at each such entity; and
  3. we received this information after you received notice of cancellation of this Policy and prior to this Policy's cancellation effective date, via an electronic spreadsheet that is acceptable to us,
- we will provide advice of cancellation (the "Advice") via e-mail to each such Certificate Holders within 30 days after you provide such information to us.

Proof of our emailing the Advice, using the information provided by you, will serve as proof that we have fully satisfied our obligations under this Endorsement.

This Endorsement does not affect, in any way, coverage provided under this Policy or the cancellation of this Policy or the effective date thereof, nor shall this Endorsement invest any rights in any entity not insured under this Policy.

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

Endorsement Title <b>Contractual Liability – Railroads Definition Amendatory Endorsement</b>			
Named Insured <b>GARNER ENVIRONMENTAL SERVICES, INC.</b>			Endorsement Number <b>007</b>
Policy Form <b>GAPLESS</b>	Policy Number <b>ENVP0000251-19</b>	Policy Period <b>05/05/2019 to 05/05/2020</b>	Enviat Endorsement Number <b>GAP 10 53 6/1/2016</b>
Issued by <b>Certain Underwriters at Lloyd's, London</b>			Effective Date of Endorsement <b>05/05/2019</b>

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**CONTRACTUAL LIABILITY – RAILROADS DEFINITION AMENDATORY ENDORSEMENT**

Solely with respect to §I COVERAGES, Section 1. **COMMERCIAL LIABILITY AND POLLUTION LIABILITY, Coverage 1A – General Liability** and Section 2. **OTHER LIABILITY COVERAGES, Coverage 2A – Personal and Advertising Liability** the Policy is amended as follows:

**SCHEDULE**

<b>Scheduled Railroad</b>	<b>Designated Job Site</b>
<b>As Required by written contract</b>	<b>Where Required by written contract</b>

With respect to operations performed for, or affecting, a Scheduled Railroad at a Designated Job Site, §VII. **DEFINITIONS, Paragraph X. Insured contract** is deleted in its entirety and replaced with the following:

**X. Insured contract means**

- i. A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire to premises while rented to your or temporarily occupied while rented to you or temporarily occupied by you with permission of the owner is not an insured contract;



**ZURICH**

# Coverage Extension Endorsement – Liability Only

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
BAP014783001	05/05/2019	05/05/2020				

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the:

**Business Auto Coverage Form  
Motor Carrier Coverage Form**

## **A. Amended Who Is An Insured**

1. The following is added to the **Who Is An Insured Provision** in **Section II – Covered Autos Liability Coverage**:

The following are also "insureds":

- a. Any "employee" of yours is an "insured" while using a covered "auto" you don't own, hire or borrow for acts performed within the scope of employment by you. Any "employee" of yours is also an "insured" while operating an "auto" hired or rented under a contract or agreement in an "employee's" name, with your permission, while performing duties related to the conduct of your business.
- b. Anyone volunteering services to you is an "insured" while using a covered "auto" you don't own, hire or borrow to transport your clients or other persons in activities necessary to your business.
- c. Anyone else who furnishes an "auto" referenced in Paragraphs **A.1.a.** and **A.1.b.** in this endorsement.
- d. Where and to the extent permitted by law, any person(s) or organization(s) where required by written contract or written agreement with you executed prior to any "accident", including those person(s) or organization(s) directing your work pursuant to such written contract or written agreement with you, provided the "accident" arises out of operations governed by such contract or agreement and only up to the limits required in the written contract or written agreement, or the Limits of Insurance shown in the Declarations, whichever is less.

2. The following is added to the **Other Insurance Condition** in the Business Auto Coverage Form and the **Other Insurance – Primary and Excess Insurance Provisions Condition** in the Motor Carrier Coverage Form:

Coverage for any person(s) or organization(s), where required by written contract or written agreement with you executed prior to any "accident", will apply on a primary and non-contributory basis and any insurance maintained by the additional "insured" will apply on an excess basis. However, in no event will this coverage extend beyond the terms and conditions of the Coverage Form.

## **B. Amendment – Supplementary Payments**

Paragraphs **a.(2)** and **a.(4)** of the **Coverage Extensions Provision** in **Section II – Covered Autos Liability Coverage** are replaced by the following:

- (2) Up to \$5,000 for the cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

### C. Fellow Employee Coverage

The **Fellow Employee Exclusion** contained in **Section II – Covered Autos Liability Coverage** does not apply.

### D. Driver Safety Program Liability Coverage

The following is added to the **Racing Exclusion** in **Section II – Covered Autos Liability Coverage**:

This exclusion does not apply to covered "autos" participating in a driver safety program event, such as, but not limited to, auto or truck rodeos and other auto or truck agility demonstrations.

### E. Amended Duties In The Event Of Accident, Claim, Suit Or Loss

Paragraph a. of the **Duties In The Event Of Accident, Claim, Suit Or Loss Condition** is replaced by the following:

- a. In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representative prompt notice of the "accident", claim, "suit" or "loss". However, these duties only apply when the "accident", claim, "suit" or "loss" is known to you (if you are an individual), a partner (if you are a partnership), a member (if you are a limited liability company) or an executive officer or insurance manager (if you are a corporation). The failure of any agent, servant or employee of the "insured" to notify us of any "accident", claim, "suit" or "loss" shall not invalidate the insurance afforded by this policy.

Include, as soon as practicable:

- (1) How, when and where the "accident" or "loss" occurred and if a claim is made or "suit" is brought, written notice of the claim or "suit" including, but not limited to, the date and details of such claim or "suit";
- (2) The "insured's" name and address; and
- (3) To the extent possible, the names and addresses of any injured persons and witnesses.

If you report an "accident", claim, "suit" or "loss" to another insurer when you should have reported to us, your failure to report to us will not be seen as a violation of these amended duties provided you give us notice as soon as practicable after the fact of the delay becomes known to you.

### F. Waiver of Transfer Of Rights Of Recovery Against Others To Us

The following is added to the **Transfer Of Rights Of Recovery Against Others To Us Condition**:

This Condition does not apply to the extent required of you by a written contract, executed prior to any "accident" or "loss", provided that the "accident" or "loss" arises out of operations contemplated by such contract. This waiver only applies to the person or organization designated in the contract.

### G. Unintentional Failure to Disclose Hazards

The following is added to the **Concealment, Misrepresentation Or Fraud Condition**:

However, we will not deny coverage under this Coverage Form if you unintentionally:

- (1) Fail to disclose any hazards existing at the inception date of this Coverage Form; or
- (2) Make an error, omission, improper description of "autos" or other misstatement of information.

You must notify us as soon as possible after the discovery of any hazards or any other information that was not provided to us prior to the acceptance of this policy.

### H. Hired Auto – World Wide Coverage

Paragraph 7a.(5) of the **Policy Period, Coverage Territory Condition** is replaced by the following:

- (5) Anywhere in the world if a covered "auto" is leased, hired, rented or borrowed for a period of 60 days or less,

### I. Bodily Injury Redefined

The definition of "bodily injury" in the **Definitions Section** is replaced by the following:

"Bodily injury" means bodily injury, sickness or disease, sustained by a person including death or mental anguish, resulting from any of these at any time. Mental anguish means any type of mental or emotional illness or disease.

**J. Expected Or Intended Injury**

The **Expected Or Intended Injury** Exclusion in Paragraph **B. Exclusions** under **Section II – Covered Auto Liability Coverage** is replaced by the following:

**Expected Or Intended Injury**

"Bodily injury" or "property damage" expected or intended from the standpoint of the "insured". This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

All other terms, conditions, provisions and exclusions of this policy remain the same.

**ENDORSEMENT NO. 1**

To be attached to and

form a part of Policy No.

53-82893

of the WATER QUALITY INSURANCE SYNDICATE

Assured: GARNER ENVIRONMENTAL SERVICES, LLC

**ADDITIONAL ASSURED / WAIVER OF  
SUBROGATION**

In consideration of an additional premium charged herein, it is hereby understood and agreed that effective from inception:

(a) Where a Vessel insured hereunder is working, performing services for and/or has entered into a contractual agreement with an entity or person not insured hereunder, if the Assured agrees and it is required by the contract, the entity or person with whom the Assured is in contractual privity is hereby named as an additional Assured hereunder, but only to the extent required by the contract.

(b) While a Vessel insured hereunder is engaged in working, performing services for and/or has entered into a contractual agreement with any entity or person not insured hereunder, rights of subrogation are waived against said entity or person (and any subsidiary or affiliated companies); but this waiver of subrogation only applies to liabilities pursuant to the contract with said entity or person, and only to the extent required by the contract.

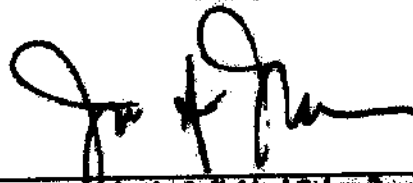
Notwithstanding the foregoing, it is understood and agreed that this endorsement shall only apply to contracts entered into before any occurrence hereunder.

In no event shall this endorsement amend SECTION A (5) of PART III.

Indemnification hereunder is limited to such amounts as the Assured shall have become liable to pay and shall have paid as owner or operator of a Vessel named on the Vessel Schedule.

**ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED**

Courtesy signed in New York, N.Y.  
On December 27, 2018



Agent for the Individual Subscriber to  
WATER QUALITY INSURANCE SYNDICATE

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **POLLUTION LIABILITY – BROADENED COVERAGE FOR COVERED AUTOS – BUSINESS AUTO AND MOTOR CARRIER COVERAGE FORMS**

This endorsement modifies insurance provided under the following:

**BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**A. Covered Autos Liability Coverage** is changed as follows:

1. Paragraph **a.** of the **Pollution Exclusion** applies only to liability assumed under a contract or agreement.
2. With respect to the coverage afforded by Paragraph **A.1.** above, Exclusion **B.6. Care, Custody Or Control** does not apply.

**B. Changes In Definitions**

For the purposes of this endorsement, Paragraph **D.** of the **Definitions** Section is replaced by the following:

- D.** "Covered pollution cost or expense" means any cost or expense arising out of:
1. Any request, demand, order or statutory or regulatory requirement that any "insured" or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants"; or
  2. Any claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to or assessing the effects of "pollutants".

"Covered pollution cost or expense" does not include any cost or expense arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

- a. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- b. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraphs **a.** and **b.** above do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (1) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- (2) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

USDOT Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



**Endorsement for Motor Carrier Policies of Insurance for Public Liability  
under Sections 29 and 30 of the Motor Carrier Act of 1980**

**FORM MCS-90**

Issued to Oil Mop LLC dba OMI Environmental Solutions of Texas  
*(Motor Carrier name)* *(Motor Carrier state or province)*

Dated at 12:00 noon on this 2nd day of July, 2019

Amending Policy Number: ENVX0000203-19 Effective Date: 05/05/2019

Name of Insurance Company: UNDERWRITERS AT LLOYDS LONDON

Countersigned by: *Marilyn Hether*  
*(authorized company representative)*

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- This insurance is primary and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident.
- This insurance is excess and the company shall not be liable for amounts in excess of \$ 4,000,000.00 for each accident in excess of the underlying limit of \$ 1,000,000.00 for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 832-431-3195

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

*(continued on next page)*

## DEFINITIONS AS USED IN THIS ENDORSEMENT

**Accident** includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the Insured neither expected nor intended.

**Motor Vehicle** means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

**Bodily Injury** means injury to the body, sickness, or disease to any person, including death resulting from any of these.

**Property Damage** means damage to or loss of use of tangible property.

**Environmental Restoration** means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

**Public Liability** means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the Insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the Insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the Insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the Insured's employees while engaged in the course of their employment, or property transported by the Insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the Insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the Insured and the company. The Insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the Insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

(continued on next page)

<b>SCHEDULE OF LIMITS — PUBLIC LIABILITY</b>
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Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.	\$5,000,000
(3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (in interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$5,000,000

\*The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.

**MARITIME COVERAGE ENDORSEMENT**

This endorsement changes how insurance provided by Part Two (Employers Liability Insurance) applies to bodily injury to a master or member of the crew of any vessel.

**A. How This Insurance Applies** is replaced by the following:

**A. How This Insurance Applies**

This insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to work described in Item 1 of the Schedule of the Maritime Coverage Endorsement.
3. The bodily injury must occur in the territorial limits of, or in the operation of a vessel sailing directly between the ports of, the continental United States of America, Alaska, Hawaii or Canada.
4. Bodily injury by accident must occur during the policy period.
5. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
6. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

**C. Exclusions** is changed by removing exclusion 10 and by adding exclusions 13 and 14.

This insurance does not cover:

13. Bodily injury covered by a Protection and Indemnity Policy or similar policy issued to you or for your benefit. This exclusion applies even if the other policy does not apply because of another insurance clause, deductible or limitation of liability clause, or any similar clause.
14. Your duty or obligation to provide transportation, wages, maintenance, and cure. This exclusion does not apply if a premium entry is shown in Item 2 of the Schedule, except that punitive damages related to your duty or obligation to provide transportation, wages, maintenance, and cure under any applicable maritime law are excluded even if a premium is paid for transportation, wages, maintenance, and cure coverage.

**D. We Will Defend** is changed by adding the following statement:

We will treat a suit or other action in rem against a vessel owned or chartered by you as a suit against you.

**G. Limits of Liability**

Our liability to pay for damages is limited. Our limits of liability are shown in the Schedule. They apply as explained below.

1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident—each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.  
A disease is not bodily injury by accident unless it results directly from bodily injury by accident.
2. **Bodily Injury by Disease.** The limit shown for "bodily injury by disease—aggregate" is the most we will pay for all damages covered by this insurance because of bodily injury by disease to one or more employees. The limit applies separately to bodily injury by disease arising out of work in each state shown in Item 3.A. of the Information Page. Bodily injury by disease will be deemed to occur in the state of the vessel's home port.  
Bodily injury by disease does not include disease that results directly from a bodily injury by accident.
3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

**Schedule**

1. Employees Workers Compensation Law  
Master and members of the crews of these vessels:  
IF ANY, STATE OF HIRE, IF ANY

2. Description of Work:

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**WASHINGTON CHANGES**

- A. Paragraph D. **We Will Defend** in the **Part Two Employers Liability Insurance** section of the policy is replaced by the following:

**D. We Will Defend**

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance in the payment of judgments or settlements.

- B. Paragraph E. **Final Premium** in the **Part Five Premium** section of the policy is replaced by the following:

**E. Final Premium**

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the following way:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancellation table and procedure. Final premium will not be less than the minimum premium.

- C. Paragraph D. **Cancellation** in the **Part Six Conditions** section is replaced by the following:

**D. Cancellation and Nonrenewal**

1. You may cancel this policy by notifying us or the insurance producer before the effective date of cancellation in one of the following ways:
  - a. Written notice by mail, fax or email;
  - b. Surrender of the policy or binder; or
  - c. Verbal notice.

Upon receipt of such notice, we will cancel this policy or any binder issued as evidence of coverage, effective on the later of the following:

- (1) The date on which notice is received or the policy or binder is surrendered; or
  - (2) The date of cancellation requested by you.
2. We may cancel this policy. We will mail to you and all named insureds shown on the policy advance written notice including the actual reason for the cancellation.
    - a. If we cancel for nonpayment, we will mail notice of cancellation at least 10 days before the cancellation is to take effect.
    - b. If we cancel for other reasons, we will mail the notice of cancellation at least 45 days before the cancellation is to take effect.

Mailing that notice to your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice. The policy period will end on the day and hour stated in the cancellation notice.

**OUTER CONTINENTAL SHELF LANDS ACT COVERAGE ENDORSEMENT**

This endorsement applies only to the work described in Item 4 of the Information Page or in the Schedule as subject to the Outer Continental Shelf Lands Act. The policy will apply to that work as though the location shown in the Schedule were a state named in Item 3.A. of the Information Page.

General Section C. **Workers Compensation Law** is replaced by the following:

**C. Workers Compensation Law**

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Outer Continental Shelf Lands Act (43 U.S.C. Sections 1331 et seq.). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Outer Continental Shelf Lands Act.

**Schedule****Description and Location of Work**

IF ANY

**LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT**

This endorsement applies only to work subject to the Longshore and Harbor Workers' Compensation Act in a state shown in the Schedule. The policy applies to that work as though that state were listed in Item 3.A. of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

**C. Workers' Compensation Law**

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Longshore and Harbor Workers' Compensation Act.

This endorsement does not apply to work subject to the Defense Base Act, the Outer Continental Shelf Lands Act, or the Nonappropriated Fund Instrumentalities Act.

Schedule

<u>State</u>	<u>Longshore and Harbor Workers' Compensation Act Coverage Percentage</u>
<b>FL</b>	<b>94</b>
<b>LA</b>	<b>108</b>
<b>OK</b>	<b>97.7</b>
<b>TX</b>	<b>57</b>

The rates for classifications with code numbers not followed by the letter "F" are rates for work not ordinarily subject to the Longshore and Harbor Workers' Compensation Act. If this policy covers work under such classifications, and if the work is subject to the Longshore and Harbor Workers' Compensation Act, those non-F classification rates will be increased by the Longshore and Harbor Workers' Compensation Act Coverage Percentage shown in the Schedule.

**LONGSHORE AND HARBOR WORKERS' COMPENSATION ACT COVERAGE ENDORSEMENT**

This endorsement applies only to work subject to the Longshore and Harbor Workers' Compensation Act in a state shown in the Schedule. The policy applies to that work as though that state were listed in Item 3.A. of the Information Page.

General Section C. **Workers' Compensation Law** is replaced by the following:

**C. Workers' Compensation Law**

Workers' Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page and the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950). It includes any amendments to those laws that are in effect during the policy period. It does not include any other federal workers or workmen's compensation law, other federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

Part Two (Employers Liability Insurance), C. Exclusions., exclusion 8, does not apply to work subject to the Longshore and Harbor Workers' Compensation Act.

This endorsement does not apply to work subject to the Defense Base Act, the Outer Continental Shelf Lands Act, or the Nonappropriated Fund Instrumentalities Act.

Schedule

<u>State</u>	<u>Longshore and Harbor Workers' Compensation Act Coverage Percentage</u>
LA	107
TX	57

The rates for classifications with code numbers not followed by the letter "F" are rates for work not ordinarily subject to the Longshore and Harbor Workers' Compensation Act. If this policy covers work under such classifications, and if the work is subject to the Longshore and Harbor Workers' Compensation Act, those non-F classification rates will be increased by the Longshore and Harbor Workers' Compensation Act Coverage Percentage shown in the Schedule.

**ALTERNATE EMPLOYER ENDORSEMENT**

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

<b>Alternate Employer</b>	<b>Schedule</b>	<b>State of Special or Temporary Employment</b>
<b>Address</b>		
ANY PERSON OR ORGANIZATION TO WHOM OR TO WHICH YOU ARE REQUIRED TO ADD AS AN ALTERNATE EMPLOYER IN A WRITTEN CONTRACT OR WRITTEN AGREEMENT EXECUTED PRIOR TO LOSS, EXCEPT WHERE SUCH CONTRACT OR AGREEMENT IS PROHIBITED BY LAW.		LA , TX

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
 (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 05-05-19	Policy No. <b>WC 0147831-01</b>	Endorsement No.
Insured <b>GARNER ENVIRONMENTAL SERVICES, INC. DBA OMI ENVIRO</b>		Premium \$ <b>INCL.</b>
Insurance Company <b>ZURICH AMERICAN INSURANCE COMPANY</b>		

Countersigned By \_\_\_\_\_

**BLANKET NOTIFICATION TO OTHERS OF CANCELLATION OR NONRENEWAL ENDORSEMENT**

This endorsement adds the following to Part Six of the policy.

**PART SIX  
CONDITIONS**

**Blanket Notification to Others of Cancellation or Nonrenewal**

1. If we cancel or non-renew this policy by written notice to you, we will mail or deliver notification that such policy has been cancelled or non-renewed to each person or organization shown in a list provided to us by you if you are required by written contract or written agreement to provide such notification. However, such notification will not be mailed or delivered if a conditional notice of renewal has been sent to you. Such list:
  - a. Must be provided to us prior to cancellation or non-renewal;
  - b. Must contain the names and addresses of only the persons or organizations requiring notification that such policy has been cancelled or non-renewed; and
  - c. Must be in an electronic format that is acceptable to us.
2. Our notification as described in Paragraph 1. above will be based on the most recent list in our records as of the date the notice of cancellation or non-renewal is mailed or delivered to you. We will mail or deliver such notification to each person or organization shown in the list:
  - a. Within seven days of the effective date of the notice of cancellation, if we cancel for non-payment of premium; or
  - b. At least 30 days prior to the effective date of:
    - (1) Cancellation, if cancelled for any reason other than nonpayment of premium; or
    - (2) Non-renewal, but not including conditional notice of renewal.
3. Our mailing or delivery of notification described in Paragraphs 1. and 2. above is intended as a courtesy only. Our failure to provide such mailing or delivery will not:
  - a. Extend the policy cancellation or non-renewal date;
  - b. Negate the cancellation or non-renewal; or
  - c. Provide any additional insurance that would not have been provided in the absence of this endorsement.
4. We are not responsible for the accuracy, integrity, timeliness and validity of information contained in the list provided to us as described in Paragraphs 1. and 2. above.

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective  
Insured

Policy No.

Endorsement No.  
Premium \$

Insurance Company

**TEXAS WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because Texas is shown in Item 3.A. of the Information Page

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule where you are required by a written contract to obtain this waiver from us.

This endorsement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

The premium for this endorsement is shown in the Schedule.

Schedule

1. ( ) Specific Waiver

Name of person or organization

() Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations:

ALL TEXAS OPERATIONS

3. Premium:

The premium charge for this endorsement shall be 2 percent of the premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Advance Premium: INCLUDED

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

**Schedule**

ALL PERSONS AND/OR ORGANIZATIONS THAT ARE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT WITH THE INSURED, EXECUTED PRIOR TO THE ACCIDENT OR LOSS, THAT WAIVER OF SUBROGATION BE PROVIDED UNDER THIS POLICY FOR WORK PERFORMED BY YOU FOR THAT PERSON AND/OR ORGANIZATION.

## **Oil Mop, LLC dba OMI Environmental Solutions**

### **Company operating structure:**

- **Russell Allen-CEO/Owner**
- **Todd Riddle-COO**
- **Steve Lombardo-CFO**
- **Edward H. Turner-President**
- **Shanon Wade-Vice President**
- **Kyle Prest-Controller**
- **Angela Brooks-Asst. Controller**
- **Tammy Blanchard-Director of Disposal**
- **Brandi Green-Disposal Coordinator**
- **Monique Broussard- Director of Transportation**
- **Emilie Armentor-Dispatcher**
- **Bruce Dumesnil-Regulatory (DOT Compliance)**

# RECEIPT

No.

RECEIVED FROM

DAI SUCI...  
131 KUCHI... DE Bank Chas... 1051

FOR RENT

OF

PROPERTY

NO.

DATE

AMOUNT

PAYMENT

BAL. DUE

25.00

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM

BY

# ST. MARY PARISH ORDINANCES 799 & 1015

## COMMERCIAL VEHICLE PERMIT TO ENTER AND DUMP AT ST. MARY PARISH LANDFILL & TRANSFER STATION

FEE **\$5.00** PER YEAR

ACCOUNT NO. 227

PERMIT NO. 7725

FIRM NAME: St. Mary Parish Waste Disposal

MAILING ADDRESS: 121 N. 1st St.

Franklin, LA 70538 ZIP CODE: 70538

STREET ADDRESS: 121 N. 1st St.

Franklin, LA 70538 ZIP CODE: \_\_\_\_\_

BUSINESS TELEPHONE: 504-791-1111 D.E.Q. SOLID WASTE  
TRANSPORTER I. D. # 15-15-12421

OWNER OR AUTHORIZED SIGNATURE [Signature]

ADDRESS: 121 N. 1st St.

Franklin, LA 70538 ZIP CODE: 70538

\*\*\*\*\* CUSTOMER: DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

VEHICLE LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

STATE SAFETY INSPECTION: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

IS VEHICLE IN COMPLIANCE WITH PARISH ORDINANCE? \_\_\_\_\_

IS VEHICLE IN COMPLIANCE WITH STATE SANITARY CODE? \_\_\_\_\_

CERTIFICATE OF INSURANCE \_\_\_\_\_

TARE WEIGHT OF VEHICLE \_\_\_\_\_

DATE PERMIT ISSUED 4/15/00

DATE PERMIT EXPIRES \_\_\_\_\_

INSPECTOR \_\_\_\_\_

**\*\* NOTE:** Until St. Mary Parish is notified in writing that the vehicle is sold or retired, the permit holder will be held responsible for the charges to that permit.  
Send notice to:

St. Mary Parish Waste Disposal  
Courthouse Bldg. - 5th Floor  
Franklin, LA 70538

734-17  
110

**PRESS HARD**

OFFICE COPY - WHITE

CUSTOMER - YELLOW

PLANT - PINK

STATION - GOLD

# ST. MARY PARISH ORDINANCES 799 & 1015

## COMMERCIAL VEHICLE PERMIT TO ENTER AND DUMP AT ST. MARY PARISH LANDFILL & TRANSFER STATION

FEE **\$5.00** PER YEAR ACCOUNT NO. 1507 PERMIT NO. 98000

FIRM NAME: ALLIANCE WASTE DISPOSAL

MAILING ADDRESS: 101 East 1st St  
Franklin, LA 70538 ZIP CODE: 70538

STREET ADDRESS: 101 East 1st St  
Franklin, LA 70538 ZIP CODE: \_\_\_\_\_

BUSINESS TELEPHONE: 504-411-1111 D.E.Q. SOLID WASTE TRANSPORTER I. D. # T-15-11117

OWNER OR AUTHORIZED SIGNATURE [Signature]

ADDRESS: 101 East 1st St  
Franklin, LA 70538 ZIP CODE: 70538

\*\*\*\*\* CUSTOMER: DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

VEHICLE LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

STATE SAFETY INSPECTION: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

IS VEHICLE IN COMPLIANCE WITH PARISH ORDINANCE? \_\_\_\_\_

IS VEHICLE IN COMPLIANCE WITH STATE SANITARY CODE? \_\_\_\_\_

CERTIFICATE OF INSURANCE \_\_\_\_\_

TARE WEIGHT OF VEHICLE \_\_\_\_\_

DATE PERMIT ISSUED \_\_\_\_\_

DATE PERMIT EXPIRES \_\_\_\_\_

INSPECTOR \_\_\_\_\_

**\*\* NOTE:** Until St. Mary Parish is notified in writing that the vehicle is sold or retired, the permit holder will be held responsible for the charges to that permit.  
Send notice to:

St. Mary Parish Waste Disposal  
Courthouse Bldg. - 5th Floor  
Franklin, LA 70538

**PRESS HARD**

OFFICE COPY - WHITE      CUSTOMER - YELLOW      PLANT - PINK      STATION - GOLD

# ST. MARY PARISH ORDINANCES 799 & 1015

## COMMERCIAL VEHICLE PERMIT TO ENTER AND DUMP AT ST. MARY PARISH LANDFILL & TRANSFER STATION

FEE **\$5.00** PER YEAR ACCOUNT NO. 1001 PERMIT NO. 91837

FIRM NAME: SMI Environmental Services

MAILING ADDRESS: 131 Kaituma Dr

Franklin, LA 70538 ZIP CODE: 70538

STREET ADDRESS: 3400 AS Hwy

Franklin, LA 70538 ZIP CODE: 70538

BUSINESS TELEPHONE: 504-791-1111 D.E.Q. SOLID WASTE TRANSPORTER I. D. # 15-1221

OWNER OR AUTHORIZED SIGNATURE [Signature]

ADDRESS: 131 Kaituma Dr

Franklin, LA 70538 ZIP CODE: 70538

\*\*\*\*\* CUSTOMER: DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

VEHICLE LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

STATE SAFETY INSPECTION: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

IS VEHICLE IN COMPLIANCE WITH PARISH ORDINANCE? \_\_\_\_\_

IS VEHICLE IN COMPLIANCE WITH STATE SANITARY CODE? \_\_\_\_\_

CERTIFICATE OF INSURANCE \_\_\_\_\_

TARE WEIGHT OF VEHICLE \_\_\_\_\_

DATE PERMIT ISSUED \_\_\_\_\_

DATE PERMIT EXPIRES \_\_\_\_\_

INSPECTOR \_\_\_\_\_

**\*\* NOTE:** Until St. Mary Parish is notified in writing that the vehicle is sold or retired, the permit holder will be held responsible for the charges to that permit.  
Send notice to:

St. Mary Parish Waste Disposal  
Courthouse Bldg. - 5th Floor  
Franklin, LA 70538

131 Kaituma Dr  
Franklin, LA 70538  
(9)

**PRESS HARD**

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# ST. MARY PARISH ORDINANCES 799 & 1015

## COMMERCIAL VEHICLE PERMIT TO ENTER AND DUMP AT ST. MARY PARISH LANDFILL & TRANSFER STATION

FEE **\$5.00** PER YEAR

ACCOUNT NO. 1907

PERMIT NO. 1638

FIRM NAME: Q.M. Environmental Services

MAILING ADDRESS: 151 Rolling Dr

Franklin, LA ZIP CODE: 70538

STREET ADDRESS: 151 Rolling Dr

ZIP CODE: \_\_\_\_\_

BUSINESS TELEPHONE: 504-799-3010

D.E.Q. SOLID WASTE  
TRANSPORTER I. D. # 1-75-12227

OWNER OR AUTHORIZED SIGNATURE [Signature]

ADDRESS: 151 Rolling Dr

Franklin, LA ZIP CODE: 70538

\*\*\*\*\* CUSTOMER: DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

VEHICLE LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

STATE SAFETY INSPECTION: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

IS VEHICLE IN COMPLIANCE WITH PARISH ORDINANCE? \_\_\_\_\_

IS VEHICLE IN COMPLIANCE WITH STATE SANITARY CODE? \_\_\_\_\_

CERTIFICATE OF INSURANCE \_\_\_\_\_

TARE WEIGHT OF VEHICLE \_\_\_\_\_

DATE PERMIT ISSUED \_\_\_\_\_

DATE PERMIT EXPIRES \_\_\_\_\_

INSPECTOR \_\_\_\_\_

**\*\* NOTE:** Until St. Mary Parish is notified in writing that the vehicle is sold or retired, the permit holder will be held responsible for the charges to that permit.  
Send notice to:

St. Mary Parish Waste Disposal  
Courthouse Bldg. - 5th Floor  
Franklin, LA 70538

10/2/97  
HE (a)

**PRESS HARD**

OFFICE COPY - WHITE

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PLANT - PINK

STATION - GOLD

# ST. MARY PARISH ORDINANCES 799 & 1015

## COMMERCIAL VEHICLE PERMIT TO ENTER AND DUMP AT ST. MARY PARISH LANDFILL & TRANSFER STATION

FEE **\$5.00** PER YEAR

ACCOUNT NO. 1507

PERMIT NO. 1929

FIRM NAME: ENVIRONMENTAL SOLUTIONS

MAILING ADDRESS: 151 E. LIVING ST.

15111 - 15111 ZIP CODE: 70371

STREET ADDRESS: SAME AS ABOVE

ZIP CODE: \_\_\_\_\_

BUSINESS TELEPHONE: 504-341-1111

D.E.Q. SOLID WASTE  
TRANSPORTER I. D. # F-15-12221

OWNER OR AUTHORIZED SIGNATURE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

\*\*\*\*\* CUSTOMER: DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

VEHICLE LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

STATE SAFETY INSPECTION: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

IS VEHICLE IN COMPLIANCE WITH PARISH ORDINANCE? \_\_\_\_\_

IS VEHICLE IN COMPLIANCE WITH STATE SANITARY CODE? \_\_\_\_\_

CERTIFICATE OF INSURANCE \_\_\_\_\_

TARE WEIGHT OF VEHICLE \_\_\_\_\_

DATE PERMIT ISSUED \_\_\_\_\_

DATE PERMIT EXPIRES \_\_\_\_\_

INSPECTOR \_\_\_\_\_

**\*\* NOTE:** Until St. Mary Parish is notified in writing that the vehicle is sold or retired, the permit holder will be held responsible for the charges to that permit.  
Send notice to:

St. Mary Parish Waste Disposal  
Courthouse Bldg. - 5th Floor  
Franklin, LA 70538

7-23-19  
HC

7 JANUARY

FED

**PRESS HARD**

OFFICE COPY - WHITE

CUSTOMER - YELLOW

PLANT - PINK

STATION - GOLD

# ST. MARY PARISH ORDINANCES 799 & 1015

## COMMERCIAL VEHICLE PERMIT TO ENTER AND DUMP AT ST. MARY PARISH LANDFILL & TRANSFER STATION

FEE **\$5.00** PER YEAR

ACCOUNT NO. \_\_\_\_\_

PERMIT NO. \_\_\_\_\_ **5**

FIRM NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

D.E.Q. SOLID WASTE  
TRANSPORTER I. D. # \_\_\_\_\_

OWNER OR AUTHORIZED SIGNATURE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP CODE: \_\_\_\_\_

\*\*\*\*\* CUSTOMER: DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

VEHICLE LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

STATE SAFETY INSPECTION: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

IS VEHICLE IN COMPLIANCE WITH PARISH ORDINANCE? \_\_\_\_\_

IS VEHICLE IN COMPLIANCE WITH STATE SANITARY CODE? \_\_\_\_\_

CERTIFICATE OF INSURANCE \_\_\_\_\_

TARE WEIGHT OF VEHICLE \_\_\_\_\_

DATE PERMIT ISSUED \_\_\_\_\_

DATE PERMIT EXPIRES \_\_\_\_\_

INSPECTOR \_\_\_\_\_

**\*\* NOTE:** Until St. Mary Parish is notified in writing that the vehicle is sold or retired, the permit holder will be held responsible for the charges to that permit.  
Send notice to:

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MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP CODE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_ D.E.Q. SOLID WASTE  
TRANSPORTER I. D. # \_\_\_\_\_

OWNER OR AUTHORIZED SIGNATURE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ ZIP CODE: \_\_\_\_\_

\*\*\*\*\* CUSTOMER: DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

VEHICLE LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

STATE SAFETY INSPECTION: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

IS VEHICLE IN COMPLIANCE WITH PARISH ORDINANCE? \_\_\_\_\_

IS VEHICLE IN COMPLIANCE WITH STATE SANITARY CODE? \_\_\_\_\_

CERTIFICATE OF INSURANCE \_\_\_\_\_

TARE WEIGHT OF VEHICLE \_\_\_\_\_

DATE PERMIT ISSUED \_\_\_\_\_

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INSPECTOR \_\_\_\_\_

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Send notice to:

St. Mary Parish Waste Disposal  
Courthouse Bldg. - 5th Floor  
Franklin, LA 70538

**PRESS HARD**  
OFFICE COPY - WHITE      CUSTOMER - YELLOW      PLANT - PINK      STATION - GOLD

Chrisl Craddock, Chairman  
Ryan Stilton, Commissioner  
Wayne Christian, Commissioner



Lori Wrotenbery  
Director, Oil and Gas Division

## RAILROAD COMMISSION OF TEXAS OIL AND GAS DIVISION

May 2, 2018

455-15

OIL MOP, LLC  
131 KEATING DRIVE  
BELLE CHASSE, LA 70037 - 0000

Reference: Waste Haulers Permit Renewal WH No. 5059

Expiration Date: May 31, 2019

This letter is to advise you that the referenced application is complete. The application contains information addressing each application requirement and all information necessary to initiate the final review.

The application has been assigned a control number as referenced above.

If you have any questions, please contact [Waste\\_Haulers\\_Permit@rrc.texas.gov](mailto:Waste_Haulers_Permit@rrc.texas.gov)

cc: RRC - San Antonio / 01

1701 NORTH CONGRESS AVENUE \* POST OFFICE BOX 12987 \* AUSTIN, TEXAS 78711-2987 \* PHONE: 512-463-6772 \* FAX: 512-463-6855  
TDD 800-735-2889 OR TDY 512-463-7284 \* AN EQUAL OPPORTUNITY EMPLOYER \* <http://www.rrc.texas.gov>

APPLICATION FOR OIL AND GAS  
WASTE HAULER'S PERMIT

WH-1  
Rev. 4/94

91523

250

READ INSTRUCTIONS BELOW

<p>1. Hauler name and address exactly as shown on P-5 organization report, including city, state, and zip code.</p> <p>OIL MOP, LLC 131 KEATING DRIVE BELLE CHASSE, LA 70037-0000</p>		<p>2. Hauler's P-5 organization no.</p> <p>620484</p>	
<p>4. Number designation of all Railroad Commission districts where the hauler will pick up, transport or dispose of wastes.</p> <p>01, 02, 03, 04, 05, 06, 7B, 7C, 08, 8A, 09, 10,</p>		<p>3. Purpose of filing <input type="checkbox"/> Initial permit application <input type="checkbox"/> Amendment of permit no. _____ <input checked="" type="checkbox"/> Annual Renewal of permit no. <u>5059</u></p>	
<p>4. Number designation of all Railroad Commission districts where the hauler will pick up, transport or dispose of wastes.</p> <p>01, 02, 03, 04, 05, 06, 7B, 7C, 08, 8A, 09, 10,</p>		<p>5. Number designation of all Railroad Commission districts with yards where hauler vehicles are housed.</p> <p>01, 02, 03,</p>	
<p>CERTIFICATION. I certify that I am authorized to make this application, that this application was prepared by me or under my supervision and direction, and that the data and facts stated herein are true, correct, and complete to the best of my knowledge. If the above-named hauler is a corporation, I further certify that it is either subject to and not delinquent on the State of Texas Franchise Tax or exempt from or not subject to the tax.</p>			
<p>Signature <u>[Signature]</u></p>		<p>Name (type or print) <u>Shanon Wade</u></p>	
<p>Title <u>Director of Transportation</u></p>		<p>Phone <u>(337) 364-5373</u> Date <u>4-16-18</u></p>	

INSTRUCTIONS

Form WH-1: Application for Oil and Gas Waste Hauler's Permit  
Reference: Statewide Rule 8(f)

WHO MUST FILE

A person who transports oil and gas waste for hire by any method other than by pipeline off a lease, unit, or other oil gas property for disposal as required by Statewide Rule 8(f).  
NOTE: A person may haul oil and gas waste for use in connection with drilling or servicing an oil or gas well without obtaining an oil and gas waste hauler permit.

PERMIT APPLICATION FEE

A non-refundable fee of \$100 must be filed with each application for issuance, renewal, or material amendment of an oil and gas waste hauler permit. The check or money order should be made payable to "Treasurer, State of Texas." The following are not considered to be material amendments of an existing permit: addition or deletion of vehicles on the WH-2 and addition or deletion of an approved disposal/injection system on a WH-3.

INITIAL PERMIT APPLICATION

- File a Form P-5, Organization Report, along with appropriate financial security with the Commission in Austin.
  - File an original of each of the following forms with the Commission's Director of Environmental Services in Austin as soon as you have received your P-5 organization number:
    - Form WH-1: Application for Oil and Gas Waste Hauler's Permit.
    - Form WH-2: Oil and Gas Waste Hauler's List of Vehicles.
    - Form WH-3: Oil and Gas Waste Hauler's Authority to Use an Approved Disposal/Injection System.
- See General Instructions below.

RECEIVED  
MAY 23 2018

RENEWAL PROCEDURES

The Commission's Austin office will mail a renewal notice to you approximately 60 days before your permit expires. The notice will include a pre-printed Form WH-1, preliminary lists of approved vehicles and approved disposal/injection system, and instructions on the renewal process. See General Instruction below.

GENERAL INSTRUCTIONS

- When the completed application is approved, the original Form WH-1 will be returned to you and will serve as your permit. At the same time, you will receive Permit Attachment A (Waste Hauler Vehicle Identification) and Permit Attachment D (Approved Disposal/Injection Systems). Each vehicle must carry a copy of the permit including those parts of the Commission-issued attachments listing approved vehicles and Commission-permitted disposal systems that are relevant to the vehicle's activities.
- You must file a Form WH-3 with the Commission in Austin before using any system that is not shown on your current Permit Attachment B (Approved Disposal/Injection Systems). After the Form WH-3 is approved, you will be sent a revised Permit Attachment B with that system included.

FRANCHISE TAX CERTIFICATION: House Bill 175 (70th Legislature) states that a corporation may but be granted a permit unless it is current on Franchise Tax payment or is exempt from or not subject to the tax. A false certification will result in permit revocation.

OIL AND GAS WASTE HAULER'S PERMIT  
(To be completed by the Commission)

Permit No. 5059 is hereby OIL MOP, LLC  
subject to the conditions below.

PERMIT CONDITIONS

- A. This permit authority is limited to the hauling, handling, and disposal of oil and gas waste off a lease, unit, or other oil and gas property.
- B. This permit authorizes the permitted hauler to dispose of oil and gas waste only at the following disposal/injection systems:
- Commission-permitted disposal/injection systems for which a Form WH-3 has been submitted and which are listed on Permit Attachment B (Approved Disposal/Injection Systems).
  - Disposal systems operated under authority of a minor permit issued by the Commission; and
  - Disposal systems permitted by another state agency or another state provided the Commission has granted separate authorization for the disposal.
- C. Each vehicle must be marked on both sides and in the rear with the permitted hauler's name (exactly as shown on the P-5 Organization Report) and permit number in characters not less than three inches high.
- D. This permit authorizes the permitted hauler to use only those vehicles shown on the Commission-issued listing of approved vehicles, Permit Attachment A (Waste Hauler Vehicle Identification).
- E. Each vehicle must carry a copy of this permit along with a copy of those parts of Permit Attachment A (Waste Hauler Vehicle Identification) and Permit Attachment B (Approved Disposal/Injection Systems) that are relevant to that vehicle's activities.
- F. Each vehicle must be operated and maintained in such a manner as to prevent spillage, leakage, or other escape of oil and gas waste during transportation.
- G. The permitted hauler must make each vehicle available for inspection upon request by Commission personnel.
- H. The permitted hauler must compile and keep current a list of all persons by whom the permitted hauler is hired to haul and dispose of oil and gas waste and furnish such list to the Commission upon request.
- I. The permitted hauler must adequately train all drivers to ensure compliance with Commission rules, including record keeping requirements, and adherence to proper emergency response and notification procedures.
- J. The permitted hauler must keep a DAILY record of the oil and gas waste hauling operations of each approved
1. Identity of the property from which the oil and gas waste is hauled (operator name, lease name and number or other facility name or number, and county); and
  2. Type and volume of oil and gas waste received by the hauler at the property where it was generated;
  3. Identity of the disposal system to which the oil and gas waste is delivered (operator name, lease name and number or system name, well number or system permit number, and county); and
  4. Type and volume of oil and gas waste transported and delivered to the disposal system.
- K. This permit is not transferable without the consent of the Commission.
- L. This permit expires 05/31/2019 . This permit, unless suspended or revoked for cause shown, will remain valid until the expiration date.

*W. Hyde*  
Director of Environmental Services

05/02/2018  
Date of Permit Issuance

RRC Contact  
(512) 463-6772

Hauler Name	Permit Number	Expiration Date	Number of Vehicles
OIL MOP, LLC	5059	05/31/2019	21

Make	Model	Yr	Serial No.	Cap.	Unit	License	Inspected
DRAGON	ROLL OFF	2010	1D9SH4821AC661578	30	CUYD	L466614	
DGNL	ROLL OFF	2011	1D9SH4820BC661847	30	CUYD	L447423	
LEDWELL	VAC TRLR	2012	1L9JB72A4CL033483	130	BBLS	L952294	
DRAGON	ROLL OFF	2006	1UNSH48286C034501	30	CUYD	L139877	
KEITHHUBER	VAC TRLR	2001	1K9TS392711077075	130	BBLS	L140870	
KEITHHUBER	VAC TRLR	2001	1K9TS392911077076	130	BBLS	L140869	
GALBREATH	ROLL OFF	2005	1G9F127235A157569	30	CUYD	L447922	
E.S.P.M.	ROLL OFF	2011	1E9RS482211229161	30	CUYD	E860078	
DRAGON	ROLL OFF	2006	1UNSH482X6C034502	30	CUYD	L132464	
STERLING	VAC TRUCK	2002	2FZHAWAK82AK00508	70	BBLS	P174844	
STERLING	VAC TRUCK	2002	2FZHAWAKX2AK00509	70	BBLS	P229852	
KENWORTH	ROLL OFF	2011	1NKDL70X3BJ294696	30	CUYD	P219500	
KENWORTH	STAINLESS	2011	1NKDL70X5BJ294697	70	BBLS	P237431	
PETERBILT	BOBTAIL	2002	1NPALU0X3YN505063	30	CUYD	P149472	
DRAGON	ROLL OFF	2010	1D9SH483XAC661569	30	CUYD	L247796	
GLOBAL VAC	VAC TRLR	2013	1G9ST3822DN448004	130	BBLS	L635280	
GLOBAL VAC	VAC TRLR	2013	1G9ST3822DN448005	130	BBLS	L635299	
GLOBAL VAC	VAC TRLR	2013	1G9ST3822DN448006	130	BBLS	L633306	
GLOBAL VAC	VAC TRLR	2013	1G9ST3822DN448007	130	BBLS	L633317	
GLOBAL VAC	VAC TRLR	2013	1G9ST3822DN448008	130	BBLS	L633316	
GLOBAL VAC	VAC TRLR	2013	1G9ST3822DN448009	130	BBLS	020B491	

A COPY OF THE PART OF THIS LISTING RELEVANT TO THAT VEHICLES ACTIVITIES MUST BE CARRIED IN EACH VEHICLE SUBJECT TO THIS PERMIT

RAILROAD COMMISSION OF TEXAS  
OIL AND GAS DIVISION  
P.O. BOX 12987  
AUSTIN, TX 78711-2987

OIL AND GAS WASTE HAULER  
APPROVED DISPOSAL INJECTION  
SYSTEMS

PERMIT ATTACHMENT B  
(FACILITY)

PAGE 1

Hauler Name	Permit Number	Permit Date	Expiration Date	District Number
OIL MOP, LLC	5059	05/02/2018	05/31/2019	01

System Operator Name	District	County	Permit No.	LOA Date Expires
<b>US LIQUIDS OF LA., L.P.</b>				
DON CAMERON RANCH FACILITY	04	STARR	STF-9	
SOUTH TEXAS DISPOSAL FACILITY	04	ZAPATA	STF-8	05/20/2015

A COPY OF THE PART OF THIS LISTING RELEVANT TO THAT VEHICLES ACTIVITIES MUST BE CARRIED IN EACH VEHICLE SUBJECT TO THIS PERMIT

#2

Real East Texas  
**CITY OF LONGVIEW**

HAULED WASTE PERMIT

Permit No. 126

In compliance with the provisions of the Clean Water Act, (33 U.S.C. 1251 et. Seq.; the "Act"), the Texas Water Code; and the City of Longview's Hauled Waste Ordinance, #1421 and any other amendment or supplement thereto. It is understood by the permitted that any violation of Federal, State and/or local ordinances shall be cause for revocation of this permit and suspension of permission to dump hauled waste.

OMI Environmental

License number of permitted vehicle (s): LA Lic# P219502

is authorize to dispose of septic tank waste, and/or portable toilet waste into the facilities provided at the Longview Wastewater Treatment Plant located at 5211 W. Loop 281 in Longview, Texas.

In consideration of the granting of this permit, the permitted agree:

1. To provide a dump hose from the truck to the manhole.
2. To discharge all wastes in the presence of Industrial Pretreatment staff.
3. To accept and abide by all Ordinances and/or Regulations of the City of Longview.
4. To provide such other information as may be required by the Industrial Pretreatment Supervisor.
5. To discharge no waste generated outside the city boundaries without permission from the Industrial Pretreatment Division.
6. To discharge no hazardous waste or any waste of unknown origin.
7. To clean up the area after each use. A clean up fee of \$15.00 will be assessed to those who do not sufficiently clean up the discharge area.
8. To allow Industrial Pretreatment Personnel to collect waste samples at their discretion.
9. To pay cost of laboratory analysis.
10. To submit a permit application and a \$50.00 fee for each truck discharging at the City of Longview Waste Water Treatment Plant. Manifest books are \$6.00 and must be purchased from the City of Longview.
11. Waste Disposal fees are \$.05/ gallon for septic tank, port a potty waste and other approved wastes.

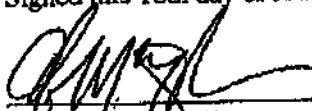
In accordance with effluent limitations, monitoring requirements and other conditions set forth in Part I hereof.

This permit shall become effective at 12:01 A.M., January 1, 2018.

This permit and the authorization to discharge shall expire at midnight, December 31, 2018.

All previously issued permits are herewith voided.

Signed this 16th day of January 2018.

  
\_\_\_\_\_  
Robin McPhee, P.E.  
Director of Public Works, City of Longview

City of Longview P.O. Box 1952 · Longview, TX 75606 903-237-1000

Accountability Teamwork Integrity Professionalism  
www.CityofLongview.com

Completed & mailed 5/9/18 - OMC  
along w/ Tax dtd sent

**INTRASTATE MOTOR CARRIER COMPANY INFORMATION  
CHANGES ONLY**

(ONLY complete this form if your company made changes in the last year)

I understand the Commission must be notified in writing of any changes to our company's account. This is to inform the Commission of the following changes:

**COMPANY NAME\*:** \_\_\_\_\_ **LPSC#:** \_\_\_\_\_

\*If your company name has changed, you must contact this office to obtain the proper name change application.

**NEW MAILING ADDRESS:** \_\_\_\_\_  
(If different from the last reported mailing address shown on Annual Report Form)

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**NEW PHYSICAL ADDRESS:** \_\_\_\_\_  
(If your company has moved from the last reported physical address)

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**TELEPHONE:** (\_\_\_\_) \_\_\_\_\_ **FAX:** (\_\_\_\_) \_\_\_\_\_

**OTHER CONTACT NUMBERS:** (\_\_\_\_) \_\_\_\_\_

**EMAIL** \_\_\_\_\_ @ \_\_\_\_\_

**COMPANY TAX REPORTING YEAR** (Mark ONLY one box) If there is a change in reporting year a partial report must be filed to ensure that all time frames have been reported to the Commission. Company's FEIN# \_\_\_\_\_

- Company's Tax reporting year is on a CALENDAR basis reporting January 01 to December 31 each year.
- Company's Tax reporting year is on a FISCAL basis reporting from \_\_\_\_\_ to \_\_\_\_\_ each year.  
Month/Day Month/Day

**LIST ALL COMPANY OFFICERS, MEMBERS or OTHER CONTACTS:**

<input type="checkbox"/> President	<input type="checkbox"/> Member
<input type="checkbox"/> Vice President	<input type="checkbox"/> Member
<input type="checkbox"/> Secretary	<input type="checkbox"/> Member
<input type="checkbox"/> Other Contact	<input type="checkbox"/> Other Contact

**LIST ALL LOUISIANA TERMINAL(S):**

(1) \_\_\_\_\_


(2) \_\_\_\_\_

Printed Name of person providing information

Signature

Date

Thank you for your prompt attention.

 **E-MAILED** Kimberly Beebe  
4-16-18  
CML

Louisiana Public Service Commission  
Post Office Box 91154  
Baton Rouge, Louisiana 70821-9154

Telephone: (225) 342-4439  
(888) 342-5717

Oil Mop, LLC  
OMI Environmental Solutions  
Attn: Brandi Hebert  
131 Keating Drive  
Belle Chasse, LA 70037

DATE: April 2, 2018

LPSC # 1143-D

Your 2018 Renewal paperwork is being returned for the reason(s) checked below:

- You claimed all your vehicles under the UCR Receipt for 2018, the \$10 per vehicle fee is not required.
- UCR registration is now available online. Please resubmit **AFTER** you have filed your 2018 UCR and enclose a copy of the 2018 UCR Receipt. (Please visit [www.ucr.in.gov](http://www.ucr.in.gov) to register for the 2018 UCR.)
- SUBMITTED INCOMPLETE** -Please complete the T-44 Form (see highlighted area) and resubmit along with your 2018 UCR receipt no later than the ~~deadline of APRIL 20, 2018.~~

Any questions pertaining to your renewal application may be directed to *Kimberly Beebe* at the telephone numbers shown above or by email *Kimberly.beebe@la.gov*.

**LOUISIANA PUBLIC SERVICE COMMISSION**

Mail to: LPSC Transportation Division - Post Office Box 91154; Baton Rouge, LA 70821-9154

Telephone: (888) 342-5717 or (225) 342-4439

LPSC Website: [www.lpsc.louisiana.gov](http://www.lpsc.louisiana.gov)

**RECEIVED**

**MAR 28 2018**

**INTRASTATE STAMP RENEWAL FORM**

**RENEWAL DEADLINE JANUARY 31<sup>ST</sup> 2018**

LA. PUBLIC SERVICE COMMISSION  
TRANSPORTATION

LPSC No: 1143-D  
Oil Mop, LLC  
OMI Environmental Solutions  
Atten: Brandi Hebert  
131 Keating Drive  
Belle Chasse LA 70037

Stamp Renewal Year: 2018

Louisiana law (LRS 45:169) requires every common and contract motor carrier transporting household goods, waste, or passengers or (LRS 45:180.1(D) operating as a wrecker/tow service to have a current annual Louisiana vehicle identification stamp attached to an intrastate cab card which must be carried in each of their vehicles at all times while operating in this State. The renewal period is from November 1<sup>st</sup> until January 31<sup>st</sup> each year.

**NOTE:** If a carrier HAS registered under the Unified Carrier Registration Program with its base state for the current year, and HAS claimed ALL vehicles under the Unified Carrier Registration Program, an Intrastate identification stamp and cab card for the current year will **NOT** be required. A copy of your current UCR receipt MUST be attached to this completed form and returned to this office to verify fees have been paid.

**PLEASE USE THIS FORM TO REORDER.**

INTRASTATE STAMP RENEWAL FORM		
NUMBER OF VEHICLES OPERATING UNDER THIS STAMP	PER VEHICLE FEE FOR INTRASTATE IDENTIFICATION STAMP	AMOUNT DUE MADE PAYABLE TO: LPSC <input checked="" type="checkbox"/> CHECK HERE IF UCR IS ATTACHED AND ENTER \$0 BELOW
4	X      \$10.00	=      \$ 0

\*\*Please be advised that your account must be in full compliance before 2018 stamps will be issued. \*\*

PLEASE MAKE ANY CHANGES HERE	
NAME: * If the name of your company on this form does not match your current company name you must submit the proper name change form with a name change fee of \$150. Please call (888) 342-5717 or visit <a href="http://www.lpsc.louisiana.gov">www.lpsc.louisiana.gov</a> to acquire the proper form.	
EMAIL Address:	Phone: (      )
Mailing Address:	
Physical Address:	

I, undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above applicant. (Federal penalties, maximum of \$10,000 or imprisonment for 5 years, or both, 18 U.S.C. 1001; State penalties as prescribed by law)

Signature Required

Date

2/5/18



# -U nified C arrier R egistration



MAR-08-18 03:28:02 PM EST

## Receipt For Registration Year: 2018

Receipt Number: 2018500050784  
 Registration Year: 2018  
 Expiration Date: 12/31/2018  
 Legal Name: OIL MOP LLC  
 DBA Name: OMI ENVIRONMENTAL SOLUTIONS  
 USDOT Number: 766549  
 UCR Base State: LA  
 MC Number: 344625  
 FF Number: N/A  
 MX Number: N/A  
 Telephone Number: 5043946110  
 Business Address: 131 KEATING DR.  
 BELLE CHASSE, LA-70037  
 Mailing Address: 131 KEATING DRIVE.  
 BELLE CHASSE, LA-70037  
 Classification: Motor Carrier

### Payment Details:

<u>Trans. Type</u>	<u>Tot. Vehicles</u>	<u>Certified By</u>	<u>UCR Fee Paid</u>	<u>Convenience Fee</u>	<u>Paid Date</u>	<u>PLN</u>
Registration	97	SHANON WADE	\$1,431.00	\$38.64	03/08/2018	18UC0241131

# Louisiana Public Service Commission



POST OFFICE BOX 91154  
BATON ROUGE, LOUISIANA 70821-9154

## COMMISSIONERS

Eric F. Skrmetta, Chairman  
District I  
Mike Francis, Vice Chairman  
District IV  
Foster L. Campbell  
District V  
Lambert C. Boissiere III  
District III  
Craig Greene

Telephone: (225) 342-4439  
(888) 342-5717

BRANDON M. FREY  
Executive Secretary  
Executive Counsel

JOHNNY E. SNELGROVE, JR.  
Deputy Undersecretary

## New Application Requirements For Waste Carriers

At the Business and Executive Session held on December 20, 2017, the Louisiana Public Service Commission ("Commission") approved changes in the Rulemaking Docket R-34054 to eliminate the requirement that an applicant prove public convenience and necessity, "PC & N". The General Order in the rulemaking issued on January 23, 2018 applied to all new and pending applications. Rule 33 was amended as outlined in the General Order Exhibit "A" a copy of which can be found on our website. Rule 33 Section (A) reads as follows:

(A.) An applicant applying for a common carrier certificate, contract carrier permit, or expansion of authority granted in an existing certificate or permit authorizing the transportation of non-hazardous oilfield waste, hazardous waste or non-hazardous industrial solid waste shall prove fitness in a hearing before an administrative law judge or hearing officer by proving that the applicant:

1. holds, or is capable of acquiring, an insurance policy providing coverage of two hundred fifty thousand dollars for injury or death per person or five hundred thousand dollars per occurrence, and ten thousand dollars property damage,
2. has the financial ability to provide the transportation of waste for disposal in a safe and efficient manner,
3. holds, or is capable of acquiring, all of the necessary authorizations required by any and all regulatory authorities for the transportation of waste for disposal;
4. holds, or is capable of acquiring for use, equipment and man power to provide transportation services in a safe and efficient manner, and
5. has in place, or is capable of establishing, a safety program necessary for the safe and efficient transportation of waste for disposal.

The adopted changes also state that *all restrictions on existing certificates or permits are valid until expansion of authority is applied for and a new certificate or permit is granted*. However, any restrictive language in any existing common carrier certificate or any contract carrier permit of waste that prevents the carrier from applying for expanded authority for any period of time is null and void.

Waste applications for new authority and/or amended authority can be found in Section 1 of our website: [https://lpsc.louisiana.gov/regs3\\_motor.aspx](https://lpsc.louisiana.gov/regs3_motor.aspx). Any questions you may have should be directed to Tammy Burl the Transportation Administrator by email [tammy.burl@la.gov](mailto:tammy.burl@la.gov) or phone.



# CITY OF HOUSTON

Administration & Regulatory Affairs  
Department

**Sylvester Turner**  
Mayor

Tina Paez, Director  
Administration & Regulatory  
Affairs Department  
P.O. Box 1561  
Houston, Texas 77251-1562

T. 832.393.8501  
F. 832.393.8527  
[www.houstontx.gov/ara](http://www.houstontx.gov/ara)

November 8, 2018

RE: Renewal Notice for 2019 Decals

Dear Franchisee:

Our records reflect your company's decals will expire on December 31, 2018. New Solid Waste Operator Decals will be available starting Monday, December 3, 2018. To acquire the 2019 decals you **MUST** be current on all quarterly payments. **This includes any late payment penalties owed.**

You may acquire the necessary decals by sending us your request via fax to 832-393-8517 or emailed to [naelah.yahya@houstontx.gov](mailto:naelah.yahya@houstontx.gov) or mailed to:

Franchise Administration  
Attn: Naelah Yahya  
611 Walker, 13<sup>th</sup> Floor  
Houston, TX 77002

Your request **MUST** include the number of decals needed, related vehicle identification numbers (VIN's, Make/Model/Year, and License Plate Numbers), the account number, name of company and the attached updated contact information form for the company.

If you wish to have the decals mailed to you, include a return mailing address with your request. **Decals CANNOT be mailed to a Post Office Box.** Decals may be picked up in person at 611 Walker on the 13<sup>th</sup> Floor.

If you have further questions, please contact me at (832) 393-8530.

Sincerely,

Naelah Yahya  
Staff Analyst  
Franchise Administration  
Administration & Regulatory Affairs Department

Enclosures: Contact Information Form



(copy)

CITY OF HOUSTON  
Administration & Regulatory Affairs Department

Sylvester Turner  
Mayor

Tina Paez, Director  
Administration & Regulatory  
Affairs Department  
P.O. Box 2226  
Houston, Texas 77252

T. 832.393.8530  
F. 832.393.8517  
[www.houstontx.gov/ara](http://www.houstontx.gov/ara)

Shanon Wade  
Oil Mop LLC dba OMI Environmental Solutions  
101 Airport Blvd  
New Iberia LA 70560

**SOLID WASTE OPERATOR FRANCHISEE QUARTERLY REPORT**

Account Number: 0269  
Invoice Number: 0269-2018-2  
For Quarter Ending: 6/30/2018  
Due Date: 8/15/2018

1. GROSS RECEIPTS DURING REPORTING PERIOD	\$	0
* 2. EXEMPT RECEIPTS	\$	0
3. RECEIPTS SUBJECT TO FRANCHISE (LINE 1 -minus- LINE 2)	\$	0
4. FEE DUE @ 4% (LINE 3 X .04)	\$	0
5. Total Amount Due August 15, 2018	\$	0

I declare, under penalties prescribed, that the information contained in this document is true and correct to the best of my knowledge.

SIGNED: Monique Brassard

DATE: 7-31-18

PRINT NAME: Monique Brassard

**RETURN QUARTERLY REPORT AND PAYMENT TO:**

CITY OF HOUSTON  
ATTN: Franchise Administration  
P.O. Box 2226  
Houston, Texas 77252

\* Solid Waste Operator Franchise Agreements are required of companies that collect, haul or transport solid waste from commercial or industrial properties within the Houston city limits. The agreement excludes apartment/condominium complexes and land used for single-family residential dwellings.

For purposes of this document, the receipts from collection, hauling and transporting from residential properties may be shown as an exemption. Roll-off containers used during renovation or construction of residences are NOT exempt.



**CITY OF HOUSTON**  
Administration & Regulatory Affairs Department

**Sylvester Turner**  
Mayor

Tina Paez, Director  
Administration & Regulatory  
Affairs Department  
P.O. Box 2226  
Houston, Texas 77252

T. 832.393.8530  
F. 832.393.8517  
[www.houstontx.gov/ara](http://www.houstontx.gov/ara)

mailed  
4-16-18 CML

Shanon Wade  
Oil Mop LLC dba OMI Environmental Solutions  
101 Airport Blvd  
New Iberia LA 70560

**SOLID WASTE OPERATOR FRANCHISEE QUARTERLY REPORT**

Account Number: 0269  
Invoice Number: 0269-2018-1  
For Quarter Ending: 3/31/2018  
Due Date: 5/15/2018

1. GROSS RECEIPTS DURING REPORTING PERIOD	\$ 0
* 2. EXEMPT RECEIPTS	\$ 0
3. RECEIPTS SUBJECT TO FRANCHISE (LINE 1 -minus- LINE 2)	\$ 0
4. FEE DUE @ 4% (LINE 3 X .04)	\$ 0
5. Total Amount Due May 15, 2018	\$ 0

I declare, under penalties prescribed, that the information contained in this document is true and correct to the best of my knowledge.

SIGNED: [Signature]  
PRINT NAME: Shanon Wade

DATE: 4-16-18

**RETURN QUARTERLY REPORT AND PAYMENT TO:**

CITY OF HOUSTON  
ATTN: Franchise Administration  
P.O. Box 2226  
Houston, Texas 77252

\* Solid Waste Operator Franchise Agreements are required of companies that collect, haul or transport solid waste from commercial or industrial properties within the Houston city limits. The agreement excludes apartment/condominium complexes and land used for single-family residential dwellings.

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Copy - mailed 1/18/18

CITY OF HOUSTON  
Administration & Regulatory Affairs Department

Sylvester Turner  
Mayor

Tina Paez, Director  
Administration & Regulatory  
Affairs Department  
P.O. Box 2226  
Houston, Texas 77252

T. 832.393.8530  
F. 832.393.8517  
[www.houston.tx.gov/ara](http://www.houston.tx.gov/ara)

Shanon Wade  
Oil Mop LLC dba OMI Environmental Solutions  
101 Airport Blvd  
New Iberia LA 70560

SOLID WASTE OPERATOR FRANCHISEE QUARTERLY REPORT

Account Number: 0269  
Invoice Number: 0269-2017-4  
For Quarter Ending: 12/31/2017

Due Date: 2/15/2018

1. GROSS RECEIPTS DURING REPORTING PERIOD	\$	<u>0</u>
* 2. EXEMPT RECEIPTS	\$	<u>0</u>
3. RECEIPTS SUBJECT TO FRANCHISE (LINE 1 -minus- LINE 2)	\$	<u>0</u>
4. FEE DUE @ 4% (LINE 3 X .04)	\$	<u>0</u>
5. Total Amount Due February 15, 2018	\$	<u>0</u>

I declare, under penalties prescribed, that the information contained in this document is true and correct to the best of my knowledge.

SIGNED: [Signature]  
PRINT NAME: Shanon Wade

DATE: 1-19-18

RETURN QUARTERLY REPORT AND PAYMENT TO:

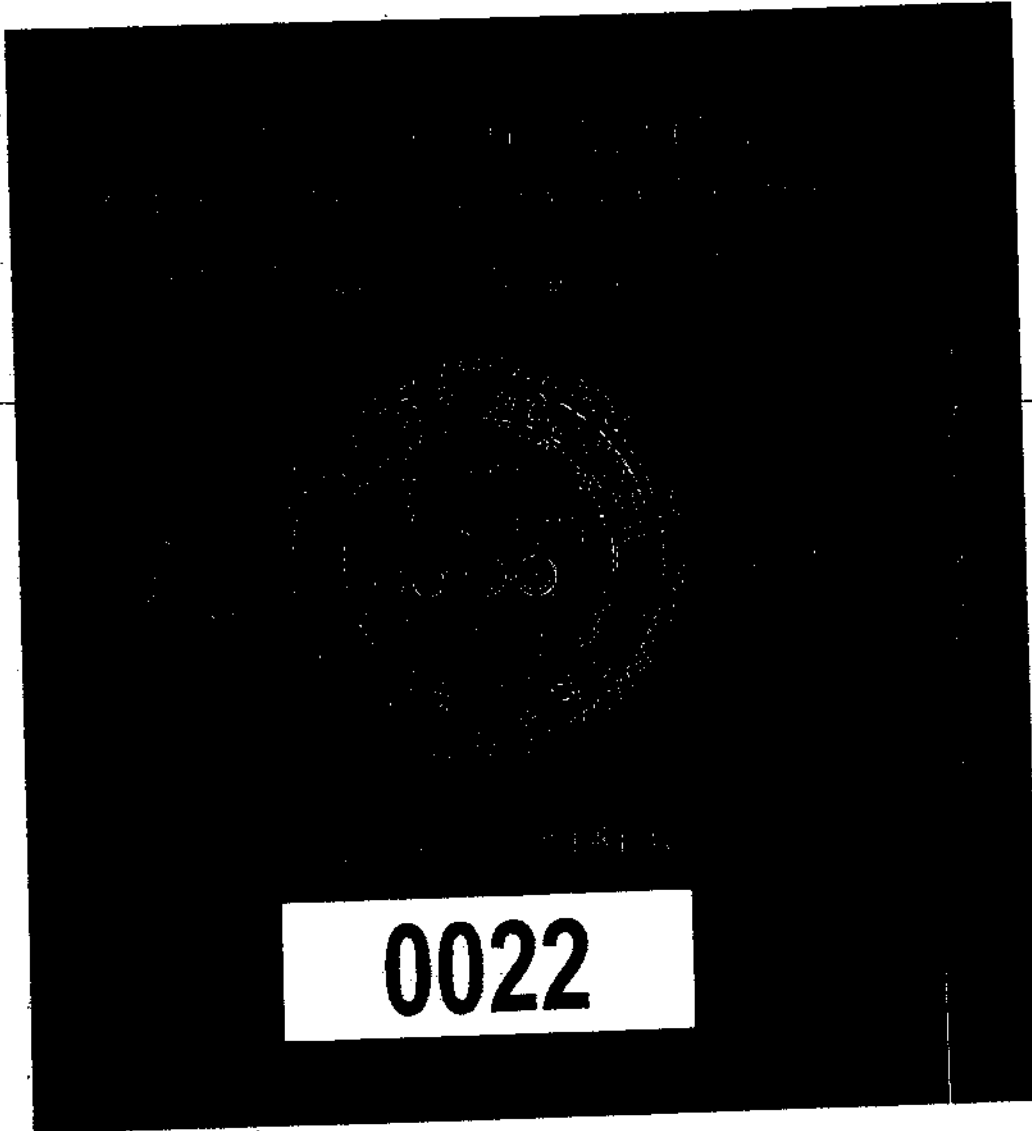
CITY OF HOUSTON  
ATTN: Franchise Administration  
P.O. Box 2226  
Houston, Texas 77252

\* Solid Waste Operator Franchise Agreements are required of companies that collect, haul or transport solid waste from commercial or industrial properties within the Houston city limits. The agreement excludes apartment/condominium complexes and land used for single-family residential dwellings.

For purposes of this document, the receipts from collection, hauling and transporting from residential properties may be shown as an exemption. Roll-off containers used during renovation or construction of residences are NOT exempt.

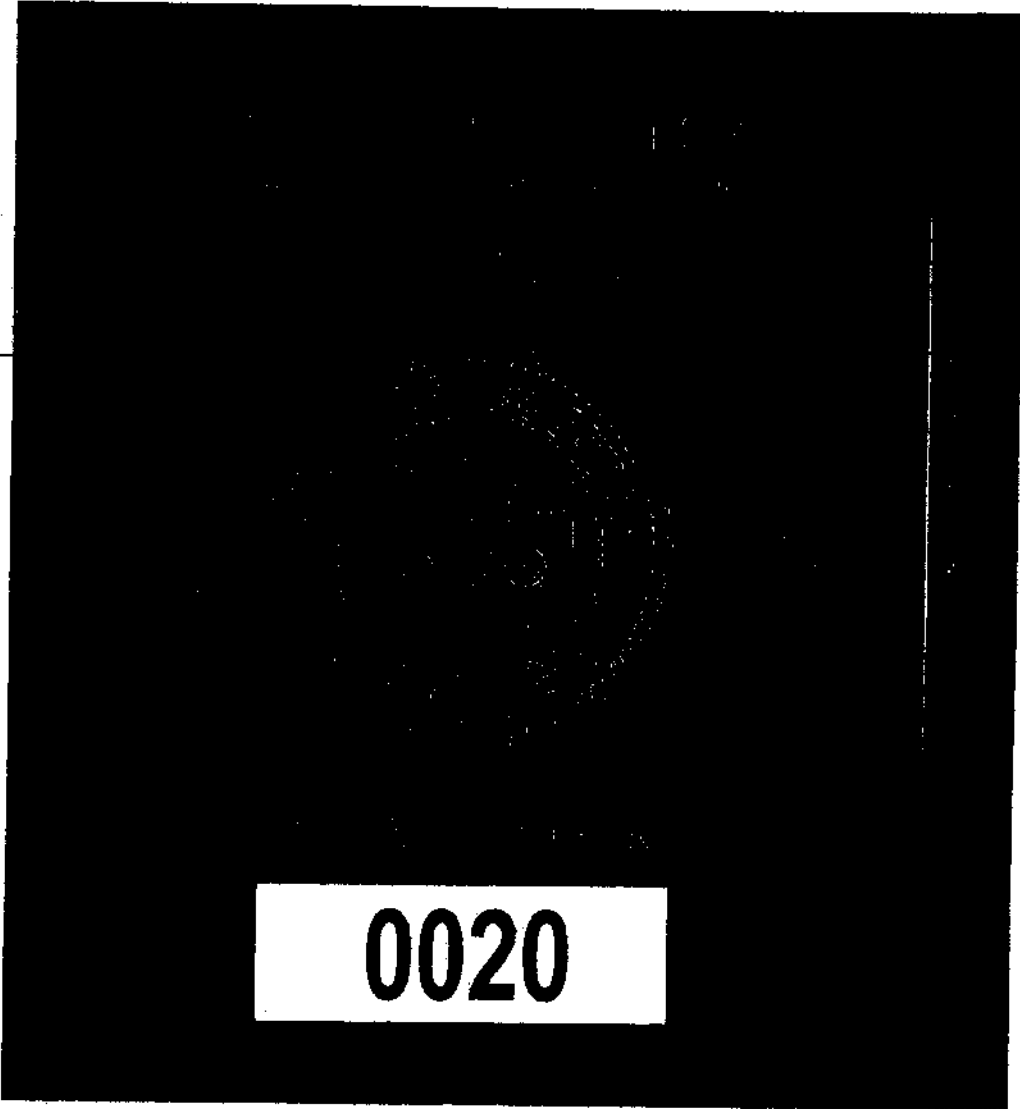
City of Houston Decals  
permit Copies 2018

# 96666



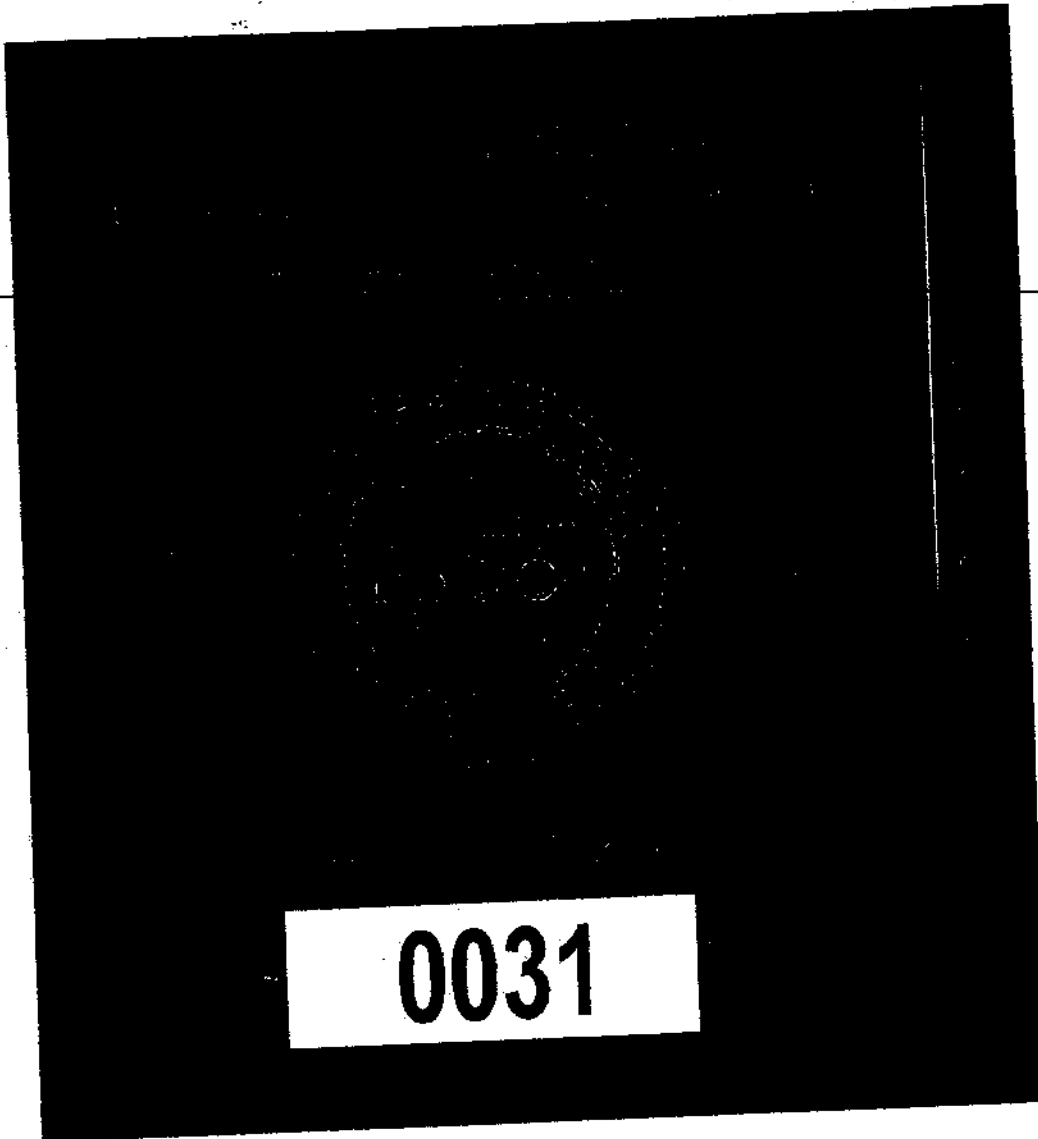
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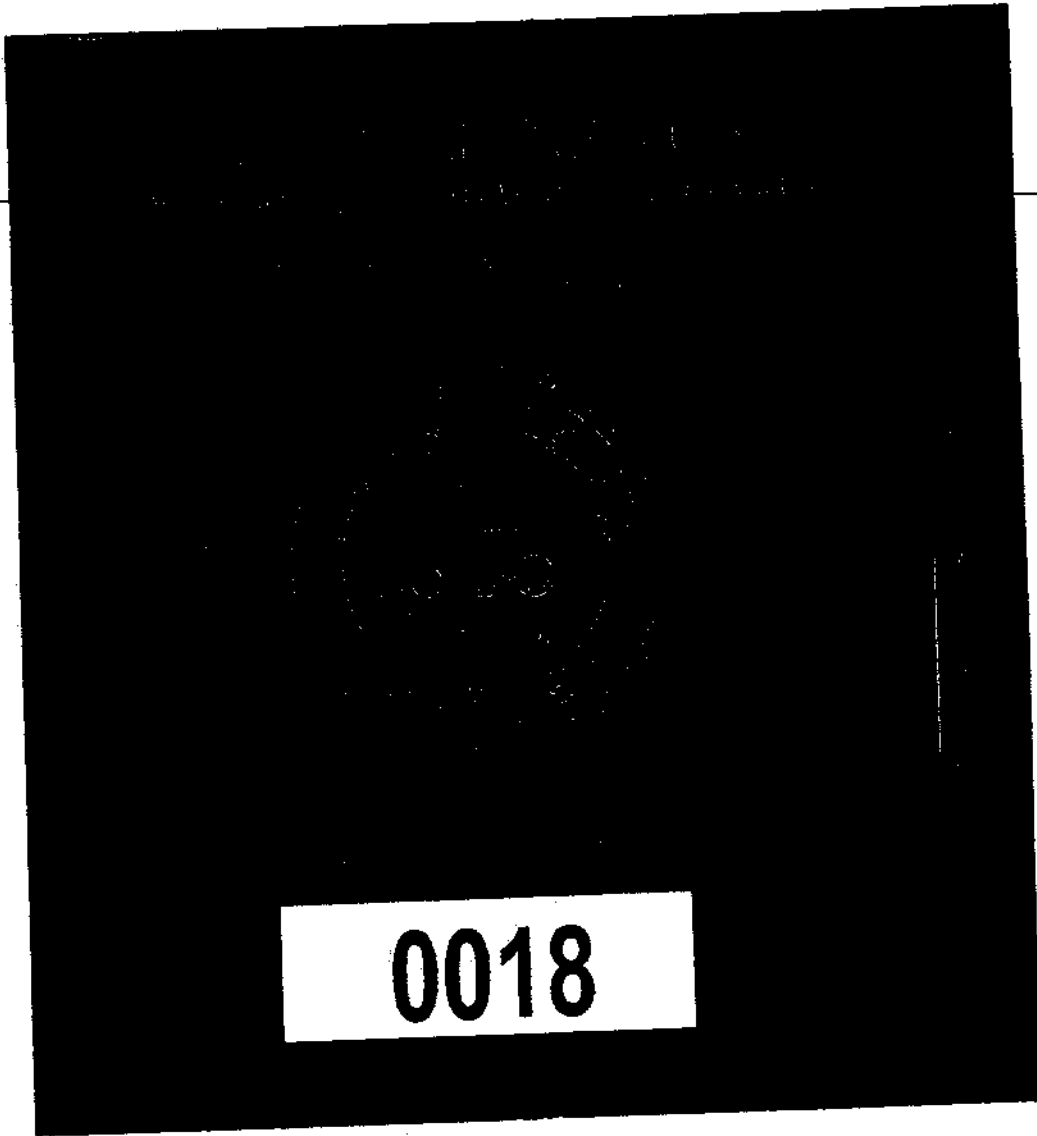
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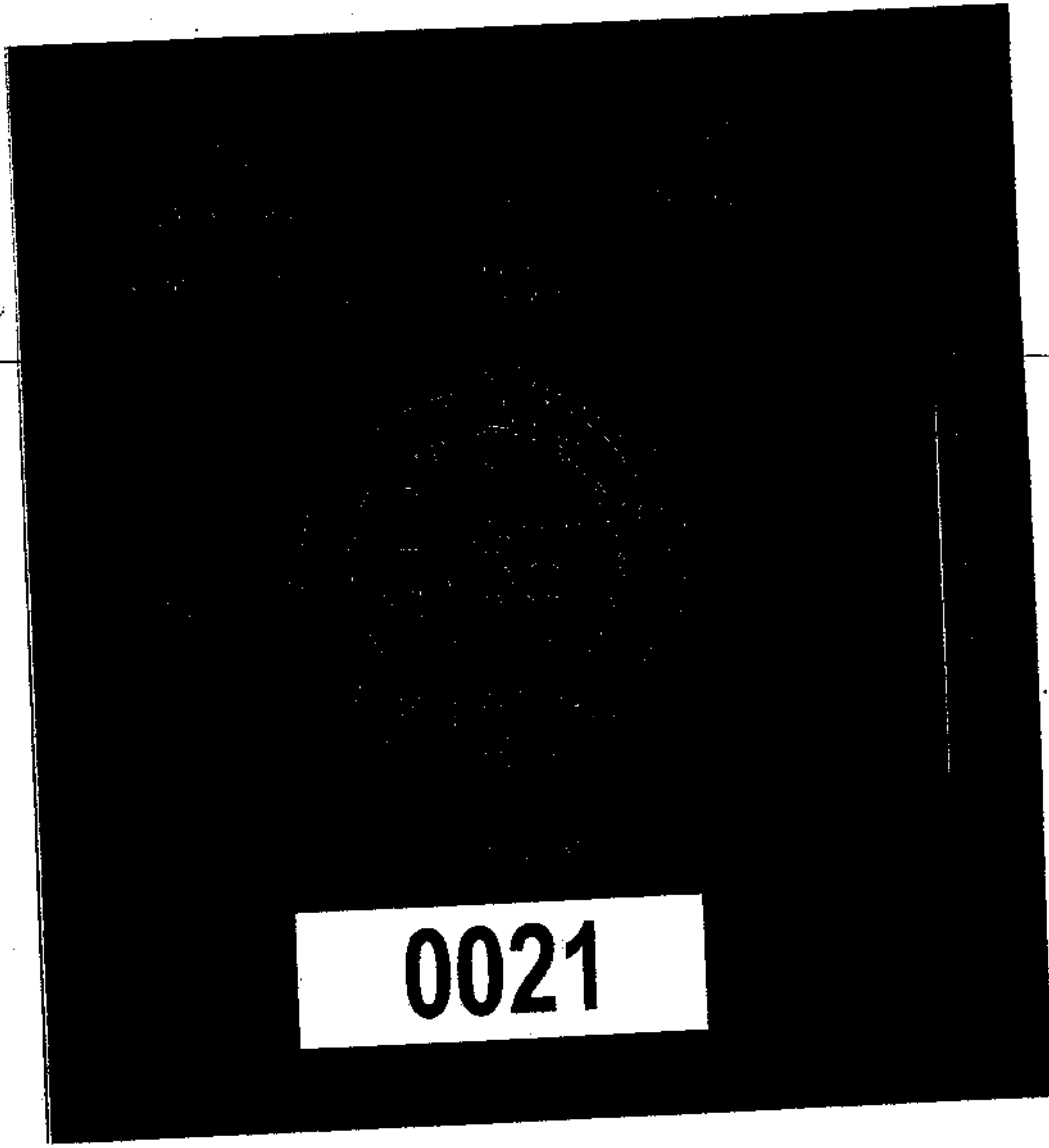
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# 508



0018

# 25272



0021

# 865

0023

# 509

0019

# 4697

0026

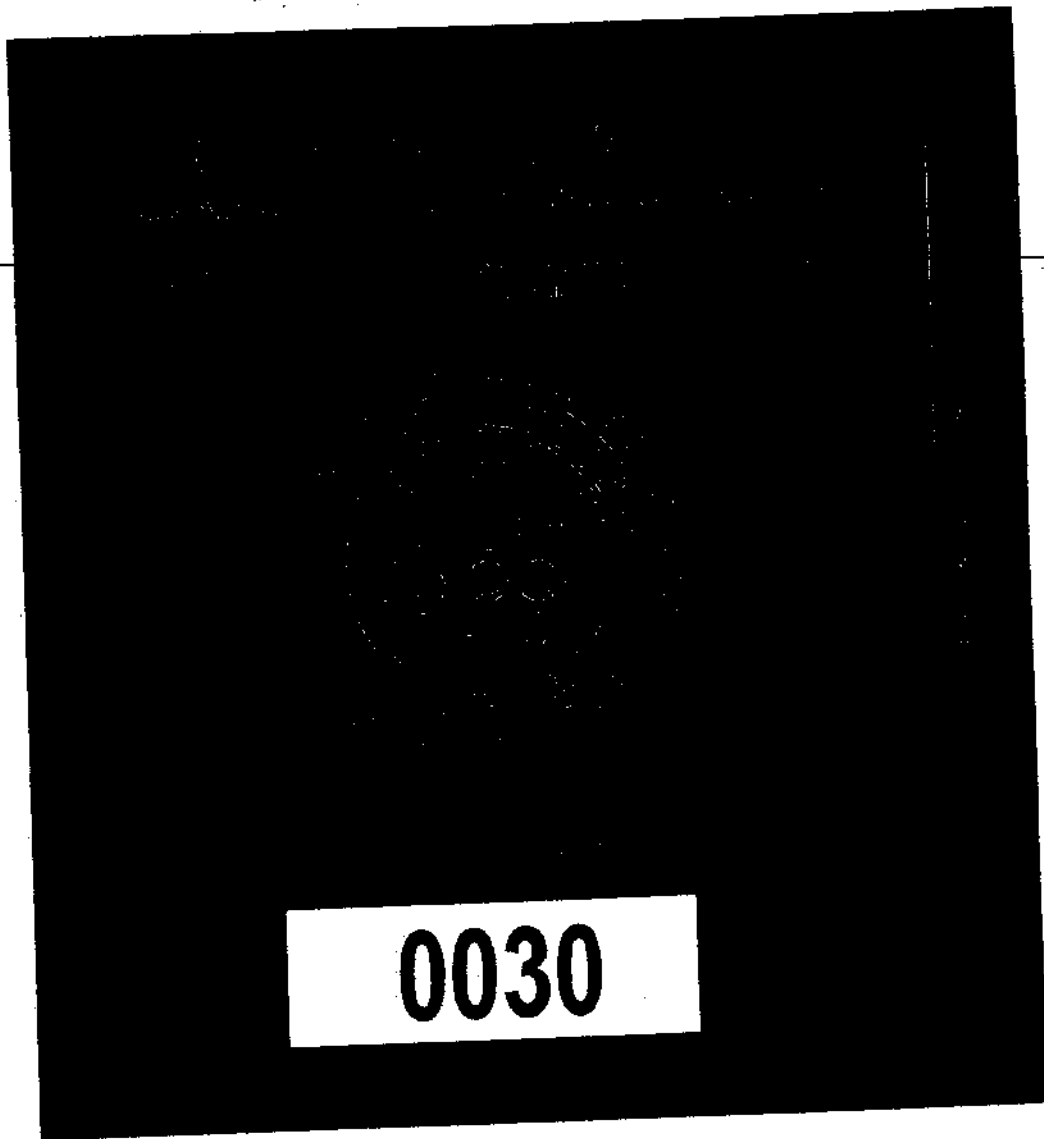
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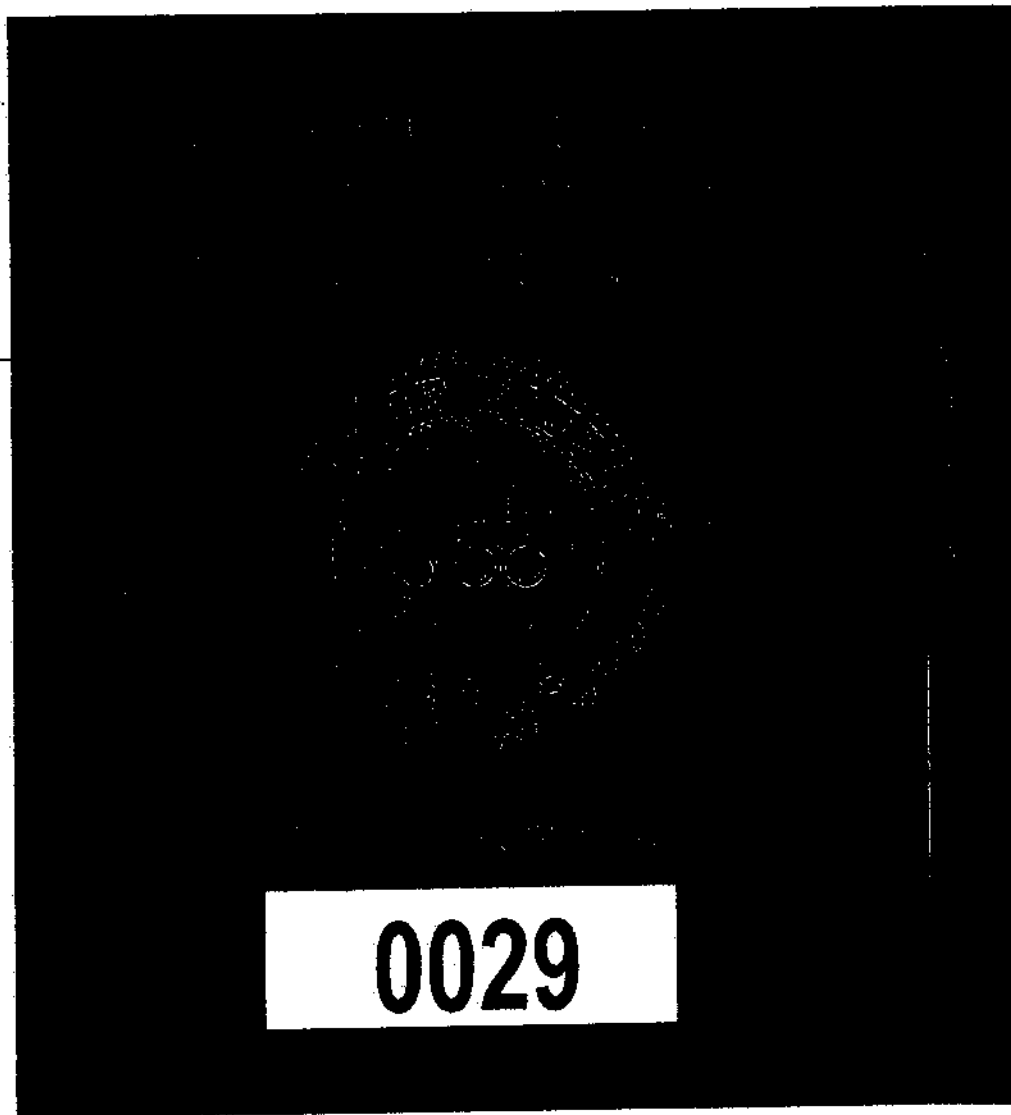
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# 8656 Decal



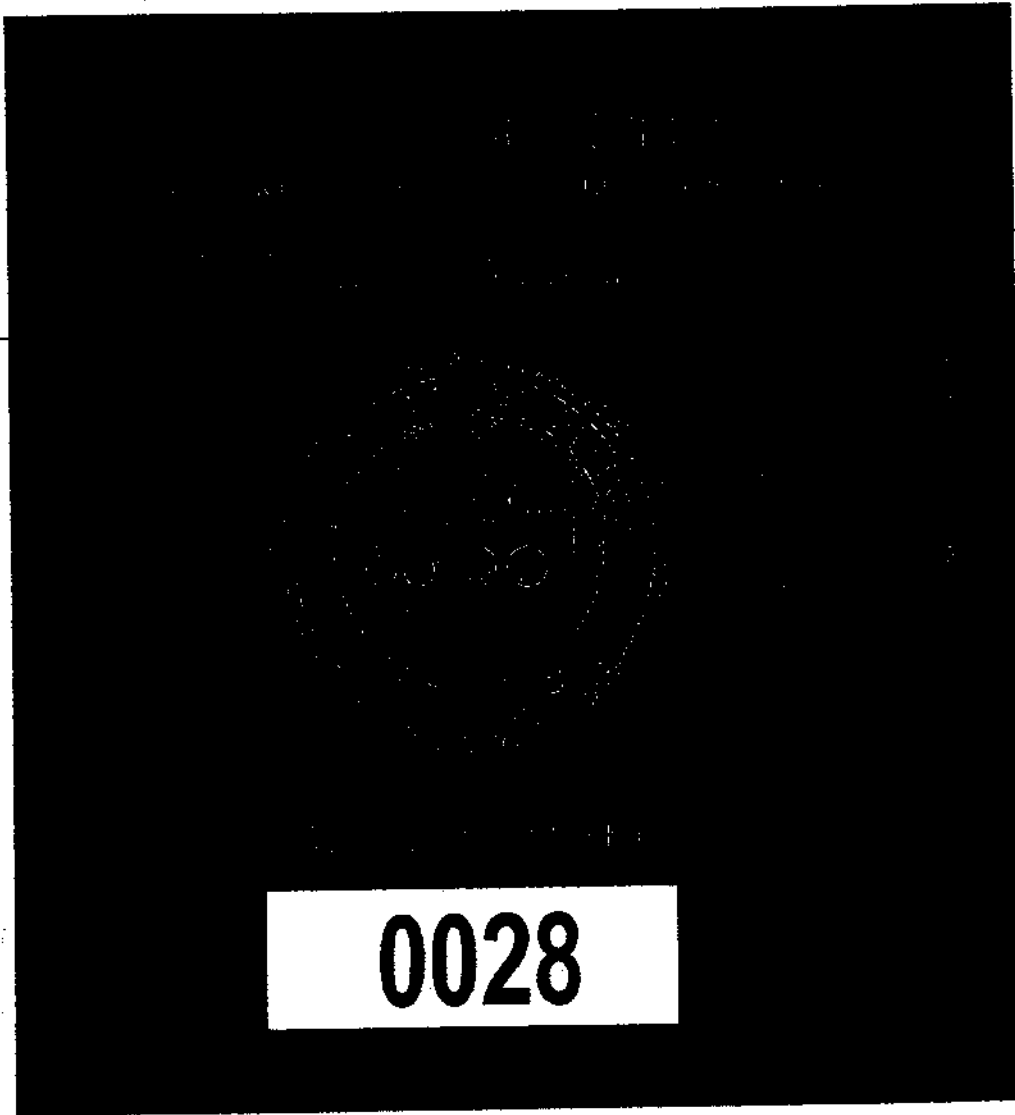
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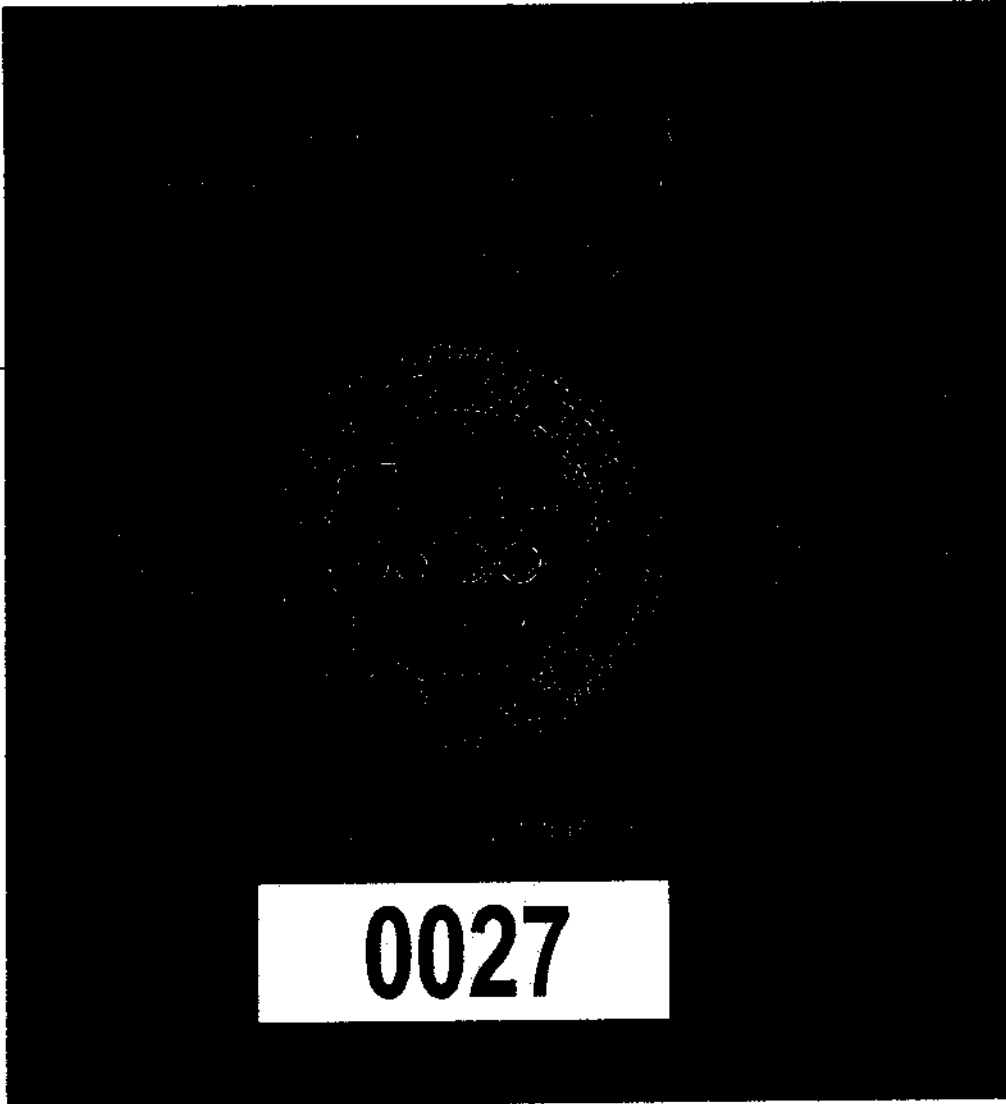
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# 8130



0028

# 5594



0027

**WOOLWORTH ROAD  
LANDFILL**

**PERMIT NO.**

5606

**V-5724**

**WOOLWORTH ROAD  
LANDFILL**

**PERMIT NO.**

7673

**V-5725**

**WOOLWORTH ROAD  
LANDFILL**

**PERMIT NO.**

6174

**V-5727**

**WOOLWORTH ROAD  
LANDFILL**

**PERMIT NO.**

6241

**V-5726**

**WOOLWORTH ROAD  
LANDFILL**

**PERMIT NO.**

5053

**V-5729**

**WOOLWORTH ROAD  
LANDFILL**

**PERMIT NO.**

0305

**V-5728**



## CITY OF SHREVEPORT

P.O. BOX 31109 SHREVEPORT, LA 71130 • 505 TRAVIS STREET SHREVEPORT, LA 71101  
Website: [www.shreveportla.gov](http://www.shreveportla.gov)

August, 2017

Dear Customer:

Please be advised that the City of Shreveport has approved your permit application(s) for disposal privileges at the Woolworth Road Regional Solid Waste Facility.

Should you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Fred Williams".

Fred Williams, Superintendent  
Solid Waste Division

FW/mb

City of Shreveport  
 Department of Public Works  
 Solid Waste Management Division

Professional Hauler—Trip Ticket

Generator/Hauler Information:

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Permit Number: \_\_\_\_\_  
 Hauler ID Number: \_\_\_\_\_  
 Truck or License Number: \_\_\_\_\_

Waste Information:

Point of Generation or Route Number: \_\_\_\_\_  
 Type of Waste: \_\_\_\_\_

Waste ID Number: \_\_\_\_\_

I do hereby certify that the waste delivered is as described on this trip ticket.

Date: \_\_\_\_\_ **Waste ID Numbers**  
 Driver: \_\_\_\_\_  
     Signature \_\_\_\_\_  
     Printed Name \_\_\_\_\_  
 Trash ..... 03  
 Commercial... 02  
 Tree Limbs... 04  
 Construction.. 05  
 Ind. / Solid... 17  
 Ind. / Sludge.. 16  
 Special..... 18  
 Sm. Animals.. 11  
 Lg. Animals... 12

City of Shreveport  
 Department of Public Works  
 Solid Waste Management Division

Professional Hauler—Trip Ticket

Generator/Hauler Information:

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Permit Number: \_\_\_\_\_  
 Hauler ID Number: \_\_\_\_\_  
 Truck or License Number: \_\_\_\_\_

Waste Information:

Point of Generation or Route Number: \_\_\_\_\_  
 Type of Waste: \_\_\_\_\_

Waste ID Number: \_\_\_\_\_

I do hereby certify that the waste delivered is as described on this trip ticket.

Date: \_\_\_\_\_ **Waste ID Numbers**  
 Driver: \_\_\_\_\_  
     Signature \_\_\_\_\_  
     Printed Name \_\_\_\_\_  
 Trash ..... 03  
 Commercial... 02  
 Tree Limbs... 04  
 Construction.. 05  
 Ind. / Solid... 17  
 Ind. / Sludge.. 16  
 Special..... 18  
 Sm. Animals.. 11  
 Lg. Animals... 12

City of Shreveport  
 Department of Public Works  
 Solid Waste Management Division

Professional Hauler—Trip Ticket

Generator/Hauler Information:

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Permit Number: \_\_\_\_\_  
 Hauler ID Number: \_\_\_\_\_  
 Truck or License Number: \_\_\_\_\_

Waste Information:

Point of Generation or Route Number: \_\_\_\_\_  
 Type of Waste: \_\_\_\_\_

Waste ID Number: \_\_\_\_\_

I do hereby certify that the waste delivered is as described on this trip ticket.

Date: \_\_\_\_\_ **Waste ID Numbers**  
 Driver: \_\_\_\_\_  
     Signature \_\_\_\_\_  
     Printed Name \_\_\_\_\_  
 Trash ..... 03  
 Commercial... 02  
 Tree Limbs... 04  
 Construction.. 05  
 Ind. / Solid... 17  
 Ind. / Sludge.. 16  
 Special..... 18  
 Sm. Animals.. 11  
 Lg. Animals... 12

City of Shreveport  
 Department of Public Works  
 Solid Waste Management Division

Professional Hauler—Trip Ticket

Generator/Hauler Information:

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Permit Number: \_\_\_\_\_  
 Hauler ID Number: \_\_\_\_\_  
 Truck or License Number: \_\_\_\_\_

Waste Information:

Point of Generation or Route Number: \_\_\_\_\_  
 Type of Waste: \_\_\_\_\_

Waste ID Number: \_\_\_\_\_

I do hereby certify that the waste delivered is as described on this trip ticket.

Date: \_\_\_\_\_ **Waste ID Numbers**  
 Driver: \_\_\_\_\_  
     Signature \_\_\_\_\_  
     Printed Name \_\_\_\_\_  
 Trash ..... 03  
 Commercial... 02  
 Tree Limbs... 04  
 Construction.. 05  
 Ind. / Solid... 17  
 Ind. / Sludge.. 16  
 Special..... 18  
 Sm. Animals.. 11  
 Lg. Animals... 12



773  
10/18

CITY OF SHREVEPORT  
DEPARTMENT OF PUBLIC WORKS  
SOLID WASTE DIVISION

PRIVATE HAULERS PERMIT APPLICATION

PAO

Company Information:

Name of Company: OMI Environmental Solutions  
Address of Company: 131 Keating Drive  
City, State, Zip: Belle Chasse, LA. 70037  
Mailing Address: SAME  
Contact Person: Tayna Chitwood Telephone No.: (504) 394-6110

Vehicle/Body Information:

Vehicle # or Tag No: 5606 Permit No: V-5724  
48/ Vehicle/Make/Model: 2015 Kenworth Body Make/Model: Drag  
Vehicle VIN: 1XKZD49X9FJ445606 Body VIN: \_\_\_\_\_  
Vehicle GVWR: 80,000 Body Rated Capacity: 80,000

Note: If company intends to utilize more than one (1) vehicle to collect waste in the City and/or dispose of waste at a City owned disposal facility, please use additional sheets for each additional vehicle and attach to this application.

Note: A copy of all collection points shall be supplied to the City at time permit application is submitted for each vehicle.

Container Information: (Rolloff, Compactor, Trailer)

Size: 25yd Location: Kilgore, Tx. Permit No. \_\_\_\_\_  
Size: 25yd Location: Kilgore, Tx. Permit No. \_\_\_\_\_  
Size: 30yd Location: Kilgore, Tx. Permit No. \_\_\_\_\_  
Size: 30yd Location: Kilgore, Tx. Permit No. \_\_\_\_\_

Note: If company intends to utilize more than four (4) containers, use additional sheets.

Sanitary Landfill Information:

State name and location of landfill where waste is to be disposed of along with facility number: Woolworth Road Regional Solid Waste Facility

**DEQ Information:**

State Collector/Transporter Number: T-75-12227

\*\*\*\*\*

**Waste Characterization:**

If company collects the following waste streams within the City limits of Shreveport and/or disposes of the following waste streams in a city owned disposal facility, a waste characterization form will also be required:

Infectious or Pathological Waste, Industrial (Non-hazardous Waste), Waste Water Sludge, and Grit or Grease Trap Waste.

Note: The City may require waste characterizations on other waste streams, if deemed appropriate.

Note: Waste characterizations shall be attached to application when submitted. Additional sampling may be required by the City.

\*\*\*\*\*

I DO HEREBY state that the aforementioned information is true and correct to the best of my knowledge. I do understand that if any information is found to be incorrect, that this will be reason for revocation of the permit, if approved. If the equipment, as stated above, hauls any controlled waste, I am attaching a copy of the company's permit, a copy of a manifest, an emergency plan for any spill cleanup, and a statement explaining in detail the type waste being hauled and the acknowledgment that the waste is being hauled and disposed of according to all Federal, State, and/or City Regulations in effect during the term of this permit. I further understand that all vehicles and containers are subject to inspection to ensure that all vehicles and containers are in compliance with all laws and regulations. This permit will be in effect until December 31 of year application was made and must be renewed sixty (60) days prior to end of term.

8/16/17  
Date

[Signature]  
Company Official

\*\*\*\*\*

**FOR OFFICE USE ONLY:**

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Reason for disapproval: \_\_\_\_\_

\_\_\_\_\_

Date Approved: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_



DEPARTMENT OF PUBLIC WORKS  
SOLID WASTE DIVISION

PAO

PRIVATE HAULERS PERMIT APPLICATION

Company Information:

Name of Company: OMI Environmental Solutions  
Address of Company: 131 Keating Drive  
City, State, Zip: Belle Chasse, LA. 70037  
Mailing Address: Same  
Contact Person: Tayna Chitwood Telephone No.: (504) 394-6110

\*\*\*\*\*

Vehicle/Body Information:

Vehicle # or Tag No: 7673 Permit No: V-5725  
YR/Vehicle/Make/Model: 2007 International Body Make/Model: \_\_\_\_\_  
Vehicle VIN: 2HSCNAPR27C557673 Body VIN: \_\_\_\_\_  
Vehicle GVWR: 80,000 Body Rated Capacity: 80,000

Note: If company intends to utilize more than one (1) vehicle to collect waste in the City and/or dispose of waste at a City owned disposal facility, please use additional sheets for each additional vehicle and attach to this application.

Note: A copy of all collection points shall be supplied to the City at time permit application is submitted for each vehicle.

\*\*\*\*\*

Container Information: (Rolloff, Compactor, Trailer)

Size: 25 yd Location: Kilgore, Tx Permit No. \_\_\_\_\_  
Size: 25 yd Location: Kilgore, Tx Permit No. \_\_\_\_\_  
Size: 30 yd Location: Kilgore, Tx Permit No. \_\_\_\_\_  
Size: 30 yd. Location: Kilgore, Tx Permit No. \_\_\_\_\_

Note: If company intends to utilize more than four (4) containers, use additional sheets.

\*\*\*\*\*

Sanitary Landfill Information:

State name and location of landfill where waste is to be disposed of along with facility number: Woolworth Road Regional Solid Waste Facility

**DEQ Information:**

State Collector/Transporter Number: T-75-12227

\*\*\*\*\*

**Waste Characterization:**

If company collects the following waste streams within the City limits of Shreveport and/or disposes of the following waste streams in a city owned disposal facility, a waste characterization form will also be required:

Infectious or Pathological Waste, Industrial (Non-hazardous Waste), Waste Water Sludge, and Grit or Grease Trap Waste.

Note: The City may require waste characterizations on other waste streams, if deemed appropriate.

Note: Waste characterizations shall be attached to application when submitted. Additional sampling may be required by the City.

\*\*\*\*\*

I DO HEREBY state that the aforementioned information is true and correct to the best of my knowledge. I do understand that if any information is found to be incorrect, that this will be reason for revocation of the permit, if approved. If the equipment, as stated above, hauls any controlled waste, I am attaching a copy of the company's permit, a copy of a manifest, an emergency plan for any spill cleanup, and a statement explaining in detail the type waste being hauled and the acknowledgment that the waste is being hauled and disposed of according to all Federal, State, and/or City Regulations in effect during the term of this permit. I further understand that all vehicles and containers are subject to inspection to ensure that all vehicles and containers are in compliance with all laws and regulations. This permit will be in effect until December 31 of year application was made and must be renewed sixty (60) days prior to end of term.

8/10/17  
Date

W. Swanson  
Company Official

\*\*\*\*\*

**FOR OFFICE USE ONLY:**

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Reason for disapproval: \_\_\_\_\_

\_\_\_\_\_

Date Approved: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_



DEPARTMENT OF PUBLIC WORKS  
SOLID WASTE DIVISION

P110

PRIVATE HAULERS PERMIT APPLICATION

Company Information:

Name of Company: omz Environmental Solutions  
Address of Company: 131 Keating Drive  
City, State, Zip: Belle Chasse, LA. 70037  
Mailing Address: same  
Contact Person: Tayna Chitwood Telephone No.: (504) 394-6110

\*\*\*\*\*

Vehicle/Body Information:

Vehicle # or Tag No: 6241 Permit No: V-5726  
YR/Vehicle/Make/Model: 2007 International Body Make/Model: \_\_\_\_\_  
Vehicle VIN: 2HSCNAPR17C306241 Body VIN: \_\_\_\_\_  
Vehicle GVWR: 80,000 Body Rated Capacity: 80,000

Note: If company intends to utilize more than one (1) vehicle to collect waste in the City and/or dispose of waste at a City owned disposal facility, please use additional sheets for each additional vehicle and attach to this application.

Note: A copy of all collection points shall be supplied to the City at time permit application is submitted for each vehicle.

\*\*\*\*\*

Container Information: (Rolloff, Compactor, Trailer)

Size: 25 yd. Location: Kilgore, Tx. Permit No. \_\_\_\_\_  
Size: 25 yd. Location: Kilgore, Tx. Permit No. \_\_\_\_\_  
Size: 30 yd Location: Kilgore, Tx. Permit No. \_\_\_\_\_  
Size: 30 yd Location: Kilgore, Tx Permit No. \_\_\_\_\_

Note: If company intends to utilize more than four (4) containers, use additional sheets.

\*\*\*\*\*

Sanitary Landfill Information:

State name and location of landfill where waste is to be disposed of along with facility number: Woolworth Road Regional Solid Waste Facility

**DEQ Information:**

State Collector/Transporter Number: T-75-12227

\*\*\*\*\*

**Waste Characterization:**

If company collects the following waste streams within the City limits of Shreveport and/or disposes of the following waste streams in a city owned disposal facility, a waste characterization form will also be required:

Infectious or Pathological Waste, Industrial (Non-hazardous Waste), Waste Water Sludge, and Grit or Grease Trap Waste.

Note: The City may require waste characterizations on other waste streams, if deemed appropriate.

Note: Waste characterizations shall be attached to application when submitted. Additional sampling may be required by the City.

\*\*\*\*\*

I DO HEREBY state that the aforementioned information is true and correct to the best of my knowledge. I do understand that if any information is found to be incorrect, that this will be reason for revocation of the permit, if approved. If the equipment, as stated above, hauls any controlled waste, I am attaching a copy of the company's permit, a copy of a manifest, an emergency plan for any spill cleanup, and a statement explaining in detail the type waste being hauled and the acknowledgment that the waste is being hauled and disposed of according to all Federal, State, and/or City Regulations in effect during the term of this permit. I further understand that all vehicles and containers are subject to inspection to ensure that all vehicles and containers are in compliance with all laws and regulations. This permit will be in effect until December 31 of year application was made and must be renewed sixty (60) days prior to end of term.

8/16/17  
Date

[Signature]  
Company Official

\*\*\*\*\*

**FOR OFFICE USE ONLY:**

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Reason for disapproval: \_\_\_\_\_

\_\_\_\_\_

Date Approved: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_



DEPARTMENT OF PUBLIC WORKS  
SOLID WASTE DIVISION

PRIVATE HAULERS PERMIT APPLICATION

PAO

Company Information:

Name of Company: omz Environmental Solutions  
Address of Company: 131 Heating Dr.  
City, State, Zip: Belle Chasse, LA. 70037  
Mailing Address: same  
Contact Person: Tayna Chitwood Telephone No.: (504) 394-6110

\*\*\*\*\*

Vehicle/Body Information:

Vehicle # or Tag No: 6174 Permit No: V-5927  
YR/Vehicle/Make/Model: 2007 International Body Make/Model: DS  
Vehicle VIN: 2HSCNAPR17C306174 Body VIN: \_\_\_\_\_  
Vehicle GVWR: 80,000 Body Rated Capacity: 80,000

Note: If company intends to utilize more than one (1) vehicle to collect waste in the City and/or dispose of waste at a City owned disposal facility, please use additional sheets for each additional vehicle and attach to this application.

Note: A copy of all collection points shall be supplied to the City at time permit application is submitted for each vehicle.

\*\*\*\*\*

Container Information: (Rolloff, Compactor, Trailer)

Size: 25 yd. Location: Kilgore, Tx. Permit No. \_\_\_\_\_  
Size: 25 yd. Location: Kilgore, Tx. Permit No. \_\_\_\_\_  
Size: 30 yd. Location: Kilgore, Tx. Permit No. \_\_\_\_\_  
Size: 30 yd. Location: Kilgore, Tx. Permit No. \_\_\_\_\_

Note: If company intends to utilize more than four (4) containers, use additional sheets.

\*\*\*\*\*

Sanitary Landfill Information:

State name and location of landfill where waste is to be disposed of along with facility number: Woolworth Road Regional Solid Waste Facility

**DEQ Information:**

State Collector/Transporter Number: T-75-12227

\*\*\*\*\*

**Waste Characterization:**

If company collects the following waste streams within the City limits of Shreveport and/or disposes of the following waste streams in a city owned disposal facility, a waste characterization form will also be required:

Infectious or Pathological Waste, Industrial (Non-hazardous Waste), Waste Water Sludge, and Grit or Grease Trap Waste.

Note: The City may require waste characterizations on other waste streams, if deemed appropriate.

Note: Waste characterizations shall be attached to application when submitted. Additional sampling may be required by the City.

\*\*\*\*\*

I DO HEREBY state that the aforementioned information is true and correct to the best of my knowledge. I do understand that if any information is found to be incorrect, that this will be reason for revocation of the permit, if approved. If the equipment, as stated above, hauls any controlled waste, I am attaching a copy of the company's permit, a copy of a manifest, an emergency plan for any spill cleanup, and a statement explaining in detail the type waste being hauled and the acknowledgment that the waste is being hauled and disposed of according to all Federal, State, and/or City Regulations in effect during the term of this permit. I further understand that all vehicles and containers are subject to inspection to ensure that all vehicles and containers are in compliance with all laws and regulations. This permit will be in effect until December 31 of year application was made and must be renewed sixty (60) days prior to end of term.

8/10/17  
Date

[Signature]  
Company Official

\*\*\*\*\*

**FOR OFFICE USE ONLY:**

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Reason for disapproval: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_



DEPARTMENT OF PUBLIC WORKS  
SOLID WASTE DIVISION

PTC

PRIVATE HAULERS PERMIT APPLICATION

**Company Information:**

Name of Company: OMI Environmental Solutions  
Address of Company: 131 Keating Dr.  
City, State, Zip: Belle Chasse, La. 70037  
Mailing Address: Same  
Contact Person: Tayna Chitwood Telephone No.: (504) 394-6110

\*\*\*\*\*

**Vehicle/Body Information:**

Vehicle # or Tag No: 0305 Permit No: V-5728  
VR/Vehicle/Make/Model: 2013 Freightliner Body Make/Model: Galbreath  
Vehicle VIN: 1FVHG3CY7DHB0305 Body VIN: \_\_\_\_\_  
Vehicle GVWR: 80,000 Body Rated Capacity: 80,000

Note: If company intends to utilize more than one (1) vehicle to collect waste in the City and/or dispose of waste at a City owned disposal facility, please use additional sheets for each additional vehicle and attach to this application.

Note: A copy of all collection points shall be supplied to the City at time permit application is submitted for each vehicle.

\*\*\*\*\*

**Container Information: (Rolloff, Compactor, Trailer)**

Size: 25 yd. Location: Kilgore, Tx. Permit No. \_\_\_\_\_  
Size: 25 yd. Location: Kilgore, Tx. Permit No. \_\_\_\_\_  
Size: 30 yd. Location: Kilgore, Tx. Permit No. \_\_\_\_\_  
Size: 30 yd. Location: Kilgore, Tx. Permit No. \_\_\_\_\_

Note: If company intends to utilize more than four (4) containers, use additional sheets.

\*\*\*\*\*

**Sanitary Landfill Information:**

State name and location of landfill where waste is to be disposed of along with facility number: Woolworth Road Regional Solid Waste Facility

**DEQ Information:**

State Collector/Transporter Number: T-75-10227

\*\*\*\*\*

**Waste Characterization:**

If company collects the following waste streams within the City limits of Shreveport and/or disposes of the following waste streams in a city owned disposal facility, a waste characterization form will also be required:

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8/10/17  
Date

[Signature]  
Company Official

\*\*\*\*\*

**FOR OFFICE USE ONLY:**

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Reason for disapproval: \_\_\_\_\_

\_\_\_\_\_

Date Approved: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_



DEPARTMENT OF PUBLIC WORKS  
SOLID WASTE DIVISION

PAO

PRIVATE HAULERS PERMIT APPLICATION

Company Information:

Name of Company: DMZ Environmental Solutions  
Address of Company: 131 Heating Drive  
City, State, Zip: Belle Chasse, LA. 70037  
Mailing Address: Same  
Contact Person: Tayna Chitwood Telephone No.: (504) 394-6110

\*\*\*\*\*

Vehicle/Body Information:

Vehicle # or Tag No: 5053 Permit No: V-5729  
YR/Vehicle/Make/Model: 2000 Peterbuilt Body Make/Model: \_\_\_\_\_  
Vehicle VIN: 1NPALUOX3YN505053 Body VIN: \_\_\_\_\_  
Vehicle GVWR: 80,000 Body Rated Capacity: 80,000

Note: If company intends to utilize more than one (1) vehicle to collect waste in the City and/or dispose of waste at a City owned disposal facility, please use additional sheets for each additional vehicle and attach to this application.

Note: A copy of all collection points shall be supplied to the City at time permit application is submitted for each vehicle.

\*\*\*\*\*

Container Information: (Rolloff, Compactor, Trailer)

Size: 25 yd. Location: Kilgore, Tx. Permit No. \_\_\_\_\_  
Size: 25 yd Location: Kilgore, Tx. Permit No. \_\_\_\_\_  
Size: 30 yd Location: Kilgore, Tx. Permit No. \_\_\_\_\_  
Size: 30 yd Location: Kilgore, Tx Permit No. \_\_\_\_\_

Note: If company intends to utilize more than four (4) containers, use additional sheets.

\*\*\*\*\*

Sanitary Landfill Information:

State name and location of landfill where waste is to be disposed of along with facility number: Woolworth Road Regional Solid Waste Facility

**DEQ Information:**

State Collector/Transporter Number: T-75-12227

\*\*\*\*\*

**Waste Characterization:**

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8/10/17  
Date

[Signature]  
Company Official

\*\*\*\*\*

**FOR OFFICE USE ONLY:**

Approved:  Disapproved:  Reason for disapproval:

\_\_\_\_\_

Date Approved: 8-31-17 Date of Expiration: 10-31-18  
8-31-17


**CITY OF GREENVILLE**  
**LIQUID WASTE TRANSPORTER PERMIT**

**GRANTED TO:**

**PERMIT NO.:** 107A (5000gal) Lic# 8007TRL  
107B (5000gal) Lic# 7076TRL  
107C (5000gal) Lic# 8004TRL  
107D (5000gal) Lic# 8005TRL  
107E (5000gal) Lic# 8006TRL  
107F (5000gal) Lic# 8009TRL  
107G (5000gal) Lic# 7075TRL  
107H (5000gal) Lic# 8008TRL  
107I (5000gal) Lic# 3483TRL  
107J (3000gal) Lic# 6400TRUCK  
107K (3000gal) Lic# 1342TRUCK  
107L (3000gal) Lic# 4697TRUCK  
107M (3000gal) Lic# 6401TRUCK  
107N (3000gal) Lic# 1341TRUCK

**NAME:** Oil Mop LLC  
**ADDRESS:** 131 Keating Dr  
Belle Chasse, LA 70037

This permit is granted this day for the collection and transporting of wastes within the City of Greenville as identified in the applicant's Permit Application and as specified with exceptions and /or stipulations attached hereto.

  
\_\_\_\_\_  
William Erwin  
Superintendent of Wastewater Reclamation Center

9. 26. 18  
\_\_\_\_\_  
Date

**This permit shall expire at midnight, 30 September 2019.**


**CITY OF GREENVILLE**  
**LIQUID WASTE TRANSPORTER PERMIT**

**GRANTED TO:**

**PERMIT NO.:** 107A (5000gal) Lic# 8007TRL  
107B (5000gal) Lic# 7076TRL  
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107H (5000gal) Lic# 8008TRL  
107I (5000gal) Lic# 3483TRL  
107J (3000gal) Lic# 6400TRUCK  
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107M (3000gal) Lic# 6401TRUCK  
107N (3000gal) Lic# 1341TRUCK

**NAME:** Oil Mop LLC  
**ADDRESS:** 131 Keating Dr  
Belle Chasse, LA 70037

This permit is granted this day for the collection and transporting of wastes within the City of Greenville as identified in the applicant's Permit Application and as specified with exceptions and /or stipulations attached hereto.

  
\_\_\_\_\_  
William Erwin  
Superintendent of Wastewater Reclamation Center

9. 26. 18  
\_\_\_\_\_  
Date

**This permit shall expire at midnight, 30 September 2019.**

CITY OF GREENVILLE PERMIT APPLICATION  
FOR TRANSPORT OF LIQUID WASTE  
\$100.00 PERMIT FEE

Company Name: Oil mop LLC Date: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Mailing Address: 131 Heating Dr.

City, State, Zip: Belle Chasse, LA 70037

Business Phone: (337) 364-5373 Fax: (337) 365-5370

Types of Waste to be Collected or Transported:  Other (define) \_\_\_\_\_

Septic tank  Grease trap  Separator  Interceptor  Landfill leachate  Grit trap  
 Chemical toilet  Holding tank  Water & Wastewater treatment plant sludges

Types of Waste to be Transported to the City of Greenville POTW:  Other (define) \_\_\_\_\_

Septic tank  Chemical toilet  Landfill leachate  \*Holding tank  \*Water &  
Wastewater treatment plant sludges (\* Requires special approval on a per load basis)

Designated signatory authority (Owner, Manager, if a corporation this must be the registered agent):

Name: Shanon Wade Title: Director of Transportation

Street: 101 Airport Blvd

City: New Iberia State: LA ZIP: 70560

Telephone: 337-364-5373 Fax: 337-365-5370

Signatory Authority's driver's license #: 006114669 State LA

(Must attach a copy of driver's license to back of permit application)

Liability Insurance Carrier: See attached

(Attach Proof of Insurance and limitations)

Other Applicable Permits Currently Held: TCEQ #: 24621

(Attach a copy of TCEQ permit and any other municipal permits held)

**AUTHORIZED SIGNATURES**

**Designated Signatory Statement:**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Shanon Wade  
Name(s)

Director of Transportation  
Title

[Signature]  
Signature

9/7/18  
Date

337-364-5373  
Telephone

# 8007 - TRL  
Vehicle #1: Year/Make/Model 2013/GVS/130 bbl License #: \_\_\_\_\_  
Capacity of Tank: 5000 gallons GVL Permit #: \_\_\_\_\_

Vehicle #2: Year/Make/Model 2011/Keith Huber/130 bbl License #: \_\_\_\_\_  
# 7076 - TRL  
Capacity of Tank: 5000 gallons GVL Permit #: \_\_\_\_\_

# 8004 - TRL  
Vehicle #3: Year/Make/Model 2013/GVS/130 bbl License #: \_\_\_\_\_  
Capacity of Tank: 5000 gallons GVL Permit #: \_\_\_\_\_

# 8005 - TRL  
Vehicle #4: Year/Make/Model 2013/GVS/130 bbl License #: \_\_\_\_\_  
Capacity of Tank: 5000 gallons GVL Permit #: \_\_\_\_\_

# 8006 - TRL  
Vehicle #5: Year/Make/Model 2013/GVS/130 bbl License #: \_\_\_\_\_  
Capacity of Tank: 5000 gallons GVL Permit #: \_\_\_\_\_

# 8009 - TRL  
Vehicle #6: Year/Make/Model 2013/GVS/130 bbl License #: \_\_\_\_\_  
Capacity of Tank: 5000 gallons GVL Permit #: \_\_\_\_\_

# 7075 - TRL  
Vehicle #7: Year/Make/Model 2010/Keith Huber/130 bbl License #: \_\_\_\_\_  
Capacity of Tank: 5000 gallons GVL Permit #: \_\_\_\_\_

# 8008 - TRL  
Vehicle #8: Year/Make/Model 2013/GVS/130 bbl License #: \_\_\_\_\_  
Capacity of Tank: 5000 gallons GVL Permit #: \_\_\_\_\_

# 3483 - TRL  
Vehicle #1: Year/Make/Model 2012/Ledwell/130 bbl License #: \_\_\_\_\_  
Capacity of Tank: 5000 gallons GVL Permit #: \_\_\_\_\_

Vehicle #2: Year/Make/Model 2014/Kenworth/70 bbl License #: \_\_\_\_\_  
# 6400 - TRUCK  
Capacity of Tank: 3000 gallons GVL Permit #: \_\_\_\_\_

# 1342 - TRUCK  
Vehicle #3: Year/Make/Model 2015/Kenworth/70 bbl License #: \_\_\_\_\_  
Capacity of Tank: 3000 gallons GVL Permit #: \_\_\_\_\_

# 4697 - TRUCK  
Vehicle #4: Year/Make/Model 2011/Kenworth/70 bbl License #: \_\_\_\_\_  
Capacity of Tank: 3000 gallons GVL Permit #: \_\_\_\_\_

# 6401 - TRUCK  
Vehicle #5: Year/Make/Model 2014/Kenworth/70 bbl License #: \_\_\_\_\_  
Capacity of Tank: 3000 gallons GVL Permit #: \_\_\_\_\_

# 1341 - TRUCK  
Vehicle #6: Year/Make/Model 2015/Kenworth/70 bbl License #: \_\_\_\_\_  
Capacity of Tank: 3000 gallons GVL Permit #: \_\_\_\_\_

Vehicle #7: Year/Make/Model \_\_\_\_\_ License #: \_\_\_\_\_  
Capacity of Tank: \_\_\_\_\_ gallons GVL Permit #: \_\_\_\_\_

Vehicle #8: Year/Make/Model \_\_\_\_\_ License #: \_\_\_\_\_  
Capacity of Tank: \_\_\_\_\_ gallons GVL Permit #: \_\_\_\_\_

APPLICATION REVIEW

Comments:

\_\_\_ Copy of Drivers License for Designated Signatory Authority

\_\_\_ Copy of TCEQ Permit date of EXPIRATION \_\_\_\_\_

\_\_\_ Copy of insurance for the vehicle \_\_\_\_\_

\_\_\_ Permit fee received \_\_\_\_\_

Comments:

\_\_\_\_\_  
Pretreatment Coordinator

\_\_\_\_\_  
Date

\*\*\*\*\*

Comments:

\_\_\_\_\_  
WRC Superintendent

\_\_\_\_\_  
Date

ISSUANCE: APPROVED / DENIED

Bryan W. Shaw, Ph.D., P.E., *Chairman*  
Toby Baker, *Commissioner*  
Jon Niemann, *Commissioner*  
Stephanie Bergeron Perdue, *Interim Executive Director*



## Texas Commission on Environmental Quality

*Protecting Texas by Reducing and Preventing Pollution*

August 01, 2018

JOSEPH J CHRISTIANA  
IEP LLC  
131 KEATING DR  
BELLE CHASSE, LA 70037-1629

**Re: Sludge Transportation Registration**  
**OMI ENVIRONMENTAL SOLUTIONS**  
**Registration Number: 24621      CN600878680      RN106588163**

Dear Mr. Christiana:

The Section Manager of the Registration and Reporting Section has issued the enclosed registration in accordance with Title 30 of the Texas Administrative Code (30 TAC) Chapter 312 Subsection (5) 312.147 (b). This action is taken under authority delegated by the Executive Director of the Texas Commission on Environmental Quality.

Issuance of this authorization is not an acknowledgment that your operation is in full compliance with state and federal rules and regulations. Failure to comply with all rules and regulations may result in enforcement action and/or the revocation of your registration.

Your registration number is required to appear on all tanks and containers used for the collection and transportation of sewage sludge and similar waste. It should also be used on all correspondence regarding your sludge registration.

A copy of your sludge transporter registration, a copy of your application for registration and copies of all amendments to this registration must be available at all times and at all locations where business is being transacted under this registration, including all motorized vehicles operated under this registration.

If you have any questions or comments, please contact the Sludge Transporter Registration Program at (512) 239-3695.

Sincerely,

A handwritten signature in black ink that reads "Don Kennedy".

Don Kennedy, Section Manager  
Registration and Reporting Section  
Permitting and Registration Support Division

Enclosures

CC: TCEQ Region 12, HOUSTON



Texas Commission on Environmental Quality

**SLUDGE TRANSPORTER**

Registration Number: 24621

*Stephani Bryner Penick*

Print Date: August 01, 2018

For the Commission

**Company:** IEP LLC

**Registered Since:** January 22, 2013

**Expiration Date:** August 31, 2020

**Regulated Entity:** OMI ENVIRONMENTAL SOLUTIONS

**Status:** ACTIVE

**Organization Type:** CORPORATION

**County:** HARRIS

**TCEQ Region:** 12

**Transport Waste into Texas:** NO

**Transport Waste out of Texas:** NO

**Physical Address:**

1905 JASMINE DR  
PASADENA, TX 77503-3200

**Contact Information**

**Contact:** JOSEPH J CHRISTIANA

**Phone:** 281-470-2016

**Fax:** 281-470-2216

**Mailing Address:**

131 KEATING DR  
BELLE CHASSE, LA 70037-1629

**E-Mail:** jchristiana@omies.com

**Sticker Numbers Issued and Listed below will expire on August 31, 2020:**

6321	6322	6323	6324	6325	6326	6327	6328	6329
6330	6331	6332	6333	6334	6335			

**This is your registration** which reflects the information submitted on your application to the Register or Renew as a Transporter of Municipal Sludge(s) and Similar Wastes. Requirements for transportation are provided in accordance with 30 TAC Chapter 312. Issuance of this registration is not acknowledgement by the TCEQ that your operation is in full compliance with the rules and regulations of the TCEQ. Changes or additions referred to this notice require written notification to the TCEQ. Please keep a copy of this registration in every vehicle transporting sludge and all locations where business is being transacted under this registration.



**SLUDGE TRANSPORTER**

Registration Number: 24621

*Stephanie Engstrom Perkins*

For the Commission

Print Date: August 01, 2018

**Vehicle Information**

<u>License Plate</u>	<u>Year</u>	<u>Vehicle Make</u>	<u>Sticker Issued</u>	<u>Vehicle Capacity</u>
P174844	2002	STERLING	01/22/2013	2940 GAL
P229852	2002	STERLING	01/22/2013	2940 GAL
P219497	2006	FREIGHTLN	01/22/2013	
P219504	2012	KENWORTH	01/22/2013	
P219503	2008	KENWORTH	01/22/2013	
P190581	2008	KENWORTH	01/22/2013	
P219500	2011	KENWORTH	01/22/2013	25 CY
P237431	2011	KENWORTH	01/22/2013	2940 GAL
P194170	2005	INTERNA	01/22/2013	
P199003	2011	KENWORTH	01/22/2013	
P149474	1998	INTERNA	01/22/2013	
P193799	1999	FREIGHTLN	01/22/2013	
P219502	2005	INTERNA	01/22/2013	
P219498	2012	KENWORTH	01/22/2013	
P219105	2007	INTERNATIONAL	12/30/2014	5000 GAL

\*UOM - Units of Measure



**SLUDGE TRANSPORTER**

Registration Number: 24621

*Stephani Engeman Penland*

For the Commission

Print Date: August 01, 2018

**Disposal Facility Information**

<u>Facility ID</u>	<u>Waste Type</u>	<u>Facility Name</u>	<u>Program</u>
1505A	DS; GS; GT; PP; WT; WW	BLUE RIDGE LANDFILL	MSWDISP
2234A	DS; GS; GT; PP; WT; WW	LIQUID ENVIRONMENTAL SOLUTIONS	MSWPROC
261B	DS; GS; GT; PP; WT; WW	MCCARTY ROAD LANDFILL TX	MSWDISP

**Waste Types**

DS - Septic Tank Waste  
GS - Grease Trap Waste

GT - Grit Trap Waste  
PP - Chemical Toilet Waste

WT - Water Supply Treatment Plant Sludge  
WW - Waste Water Treatment Plant Sludge